

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc.

NA		NAIC Company (Code <u>12902</u> Employer's	D Number 20-8534298	
Organized under the Laws of	Tex	,	, State of Domicile or Port of	Entry Texas	
Country of Domicile		United State	s of America		
Licensed as business type:		Life, Accide	ent & Health		
Is HMO Federally Qualified?	Yes[]No[X]				
Incorporated/Organized	02/27/2007		Commenced Business _	02/27/2007	
Statutory Home Office	2900 North Loop Wes	t, Suite 1300	,	Houston, TX, US 77092	
	(Street and Nu	mber)	(City o	r Town, State, Country and Zip Code)	
Main Administrative Office		530 Great 0 (Street and			
(C:h. or	Nashville , TN, US 37228		,	615-291-7000 Area Cada) (Telephone Number)	
, ,	Town, State, Country and Zip C	,	(F	Area Code) (Telephone Number)	
Mail Address	530 Great Circle Roa (Street and Number or P.		,(City o	Nashville , TN, US 37228 or Town, State, Country and Zip Code)	
Primary Location of Books and	d Records	530 Great	Circle Road		
	Nashville , TN, US 37228	(Street and	d Number)	615-291-7000	
(City or	Town, State, Country and Zip C	ode)	(<i>F</i>	Area Code) (Telephone Number)	
Internet Website Address		www.cignahea	althspring.com		
Statutory Statement Contact		Hollingsworth	, ,	615-564-3445	
	regulatory@healthspring.com	Name)	,	(Area Code) (Telephone Number) 615-401-4566	
	(E-mail Address)			(FAX Number)	
President, Chairman &		OFFI	CERS		
Chief Executive Officer _	Matthew Shav Ryan Bruce M		Vice President & Secretary _		
Chief Financial Officer _	nyan bruce w	•	Appointed Actuary _	Gregory Nicholas Maione #	
		David Bradley Holladay	HER President, Government		
Robert Lambdin Daws	Compliance Officer on Divisional President	Jay Landon Hurt	cy Services Divisional President	Dirk Oliver Wales MD Corporate Medical Director Peter Ronald Gardner Vice President	
	enton Vice President Vice President & Assistant	Allen Curtis Per	ez Vice President	Scott Ronald Lambert Vice President & Treasure	ər
	surer ier Assistant Secretary		iqui Assistant Treasurer Assistant Secretary	Kevin James Oleksak Assistant Secretary	
		DIRECTORS O	OR TRUSTEES		
	hawn Morris Idon Hurt	Robert Lam	nbdin Dawson dley Holladay	Gregory James Allen	
ouy Lui	- Indominate	Bavia Brac	and y Frontaday		
State of	Maryland	— ss:			
County of	Harford				
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the	sets were the absolute property dexhibits, schedules and expla d reporting entity as of the repor Annual Statement Instructions a differences in reporting not rel e scope of this attestation by the	of the said reporting entity nations therein contained, a ting period stated above, ar nd Accounting Practices ar ated to accounting practic e described officers also inc	//, free and clear from any liens innexed or referred to, is a full and of its income and deductions and Procedures manual except the es and procedures, according cludes the related corresponding	coording entity, and that on the reporting period stated at so or claims thereon, except as herein stated, and that and true statement of all the assets and liabilities and os therefrom for the period ended, and have been comp to the extent that: (1) state law may differ; or, (2) that g to the best of their information, knowledge and bing electronic filing with the NAIC, when required, that y be requested by various regulators in lieu of or in additional contents.	t this of the leted state elief, is an
Matthew Shawn President, Chairman and Chi		-	e McGroarty ncial Officer	Gregory James Allen Vice President and Secretary	
Subscribed and sworn to before day of		2015	a. Is this an original filin b. If no, 1. State the amendm 2. Date filed	nent number	
Christina Y. Schneider Notary Public October 31, 2016			3. Number of pages	attached	

ASSETS

			Current Statement Date		4
		1 Aggeta	2 Nonadmitted Assets	Net Admitted Assets	December 31 Prior Year Net Admitted Assets
-	Bonds	Assets 265,419,104	Nonadmitted Assets 0	(Cols. 1 - 2) 265,419,104	
		203,419,104	0	265,419,104	273,029,942
۷.	Stocks: 2.1 Preferred stocks			0	0
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				0
٥.	3.1 First liens			0	0
	3.2 Other than first liens			0	0
1	Real estate:				
4.	4.1 Properties occupied by the company (less \$				
				0	0
	4.2 Properties held for the production of income (less				0
	\$			0	0
	4.3 Properties held for sale (less \$0			0	0
_	encumbrances)			U	0
5.	Cash (\$76,735,016), cash equivalents				
	(\$0) and short-term				
	investments (\$998)				
	Contract loans (including \$				0
7.	Derivatives				0
8.	Other invested assets				0
9.	Receivables for securities			9,823	
10.	Securities lending reinvested collateral assets			0	0
11.	Aggregate write-ins for invested assets			0	
12.	Subtotals, cash and invested assets (Lines 1 to 11)	342,164,941	0	342,164,941	289,126,410
13.	Title plants less \$				
	only)				
14.	Investment income due and accrued	3,014,838	0	3,014,838	3,214,960
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	44,215,289		44,215,289	20,971,132
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
	Amounts receivable relating to uninsured plans				
	Current federal and foreign income tax recoverable and interest thereon				17,065,417
	Net deferred tax asset			12,940,109	
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets			_	_
	(\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates			776,681	
24.	Health care (\$48,926,976) and other amounts receivable			52,025,201	
25.	Aggregate write-ins for other than invested assets	1,216,197	0	1,216,197	528,265
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	601,924,814	9,931,318	591,993,497	581,094,615
27	From Separate Accounts, Segregated Accounts and Protected Cell	001,021,011	0,001,010	001,000,101	001,001,010
21.	Accounts			0	0
28.	Total (Lines 26 and 27)	601,924,814	9,931,318	591,993,497	581,094,615
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
	State Income Tax Recoverable	335,478		335,478	528,265
	Premium Tax Recoverable			880.719	
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,216,197	0	1,216,197	528,265

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ reinsurance ceded)				132,644,375
2.	Accrued medical incentive pool and bonus amounts			, ,	9,702,137
3.	Unpaid claims adjustment expenses			2,253,973	
4.	Aggregate health policy reserves, including the liability of	2,200,070		2,200,010	1,002,700
	\$187,702 for medical loss ratio rebate per the Public				
	Health Service Act	17.580.902		17,580,902	57.867.754
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance			139,710	136,632
9.	General expenses due or accrued			30,502,334	2,100,569
10.1		, ,		, ,	
	(including \$0 on realized gains (losses))	10.615.901		10,615,901	0
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others			3,558,146	
13.	Remittances and items not allocated			, ,	0
14.	Borrowed money (including \$ current) and	,		,	
	interest thereon \$(including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates				44,990,938
16.	Derivatives				0
17.	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$)				
	companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.	Liability for amounts held under uninsured plans				0
23.	Aggregate write-ins for other liabilities (including \$1,554,375				
	current)	1,554,375	0	1,554,375	436,430
24.	Total liabilities (Lines 1 to 23)			271,984,206	
25.	Aggregate write-ins for special surplus funds			7,721,231	
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds	xxx	XXX	0	0
31.	Unassigned funds (surplus)				
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$	xxx	XXX		
	32.2 shares preferred (value included in Line 27				
	\$)	xxx	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	xxx	XXX	320,009,291	327,862,169
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	591,993,497	581,094,615
	DETAILS OF WRITE-INS				
2301.	Nursing Facillity Pass Through Accrual	1,554,375		1,554,375	
2302.	Fines and Penalties			0	436,430
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page		0		0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	4 554 075	0	1,554,375	436,430
2501.	2016 and 2015 Health Insurance Industry Fee		XXX	7,721,231	
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	7,721,231	29,286,730
3001.	Totals (Enics 2501 tillough 2500 plus 2500)(Enic 25 above)			, ,	-, , ,
3001.					
LOUU.≺		XXX	XXX		
3003. 3098.	Summary of remaining write-ins for Line 30 from overflow page				

STATEMENT OF REVENUE AND EXPENSES

			Current Year To Date		Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	477,966	1,677,020	6,328,529
2.	Net premium income (including \$ non-health				
	premium income)				
3.	Change in unearned premium reserves and reserve for rate credits				
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues			550,041,632	
8.	Total revenues (Lines 2 to 7)	XXX	19,974,401		
0	Hospital and Medical: Hospital/medical benefits		200 407 472	202 401 071	963,109,295
9.	Other professional services				
10. 11.	Outside referrals				28,270,158
12.	Emergency room and out-of-area				29,285,943
13.	Prescription drugs			171, 154, 046	
14.	Aggregate write-ins for other hospital and medical			, ,	0
15.	Incentive pool, withhold adjustments and bonus amounts			(1,553,429)	
16.	Subtotal (Lines 9 to 15)			` ' ' '	1,821,594,024
	Less:		, ,	, ,	
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)	0	426,373,437	476,853,850	1,821,594,024
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$29,894,347 cost				
	containment expenses		33,042,825	22,537,879	140 , 107 , 046
21.	General administrative expenses		75,471,096	82,882,637	191,890,551
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		1,941,410	2, 193, 283	9, 144, 467
26.	Net realized capital gains (losses) less capital gains tax of				
	\$(18,708)				
27.	Net investment gains (losses) (Lines 25 plus 26)	0	1,906,668	2,192,532	10,043,997
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)		(400,040)	(0.007.754)	(0.040.070)
	(amount charged off \$)]		(460,946)		
29.	Aggregate write-ins for other income or expenses	0	0	(56)	(12,216)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	16,744,522	(30,527,203)	15,265,861
31.	Federal and foreign income taxes incurred		12,292,026	(13,201,552)	23, 155, 480
32.	Net income (loss) (Lines 30 minus 31)	xxx	4,452,496	(17,325,651)	(7,889,619)
	DETAILS OF WRITE-INS				
0601.	Health Industry Fee Recoupment	XXX	904,854		2, 193, 390
0602.		XXX			
0603.					
0698.		XXX		0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	904,854	0	2,193,390
0701.			,		
0702.					
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	n
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.			-	-	<u> </u>
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	Λ
1498.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	٠
2901.	Penalties and Fines		0	(56)	(12,216)
				(00)	(12,210)
2902.					
2903	Common of semising with its fact line 200 from quality and				
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	U	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	(56)	(12,216)

STATEMENT OF REVENUE AND EXPENSES (Continued)

1	STATEMENT OF REVENUE AND EX	PENSES (C	ontinued	,
		Current Year to Date	Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	327,862,169	384,734,967	384,734,967
34.	Net income or (loss) from Line 32	4,452,496	(17,325,651)	(7,889,619)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(5,228,931)	(242,331)	8,643,906
39.	Change in nonadmitted assets	(7,076,443)	(1,864,532)	(227,085)
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			(57,400,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	(7,852,878)	(19,432,514)	(56,872,798)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	320,009,291	365,302,453	327,862,169
	DETAILS OF WRITE-INS			
4701.		-		
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASITICW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	485,303,218	529,980,986	2, 167, 342, 147
2.	Net investment income	3,459,256	4,009,309	15,692,058
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	488,762,474	533,990,295	2,183,034,205
5.	Benefit and loss related payments	374,018,733	457,819,832	1,869,061,003
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	76,623,702	47,057,436	448,753,219
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	(15,407,999)	11,379,000	40,244,044
10.	Total (Lines 5 through 9)	435,234,435	516,256,267	2,358,058,266
11.	Net cash from operations (Line 4 minus Line 10)	53,528,038	17,734,027	(175,024,061)
	10.000	33,023,033	,,.	(, 02., , 00.,)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	11,129,011	13, 171,875	117,261,765
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(651)	(1,155)	(1,498)
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,128,360	13,170,720	117,260,267
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	4,088,696	27,263,392	65,856,051
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	9,823	871,978	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	4,098,519	28,135,370	65,856,051
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	7,029,841	(14,964,650)	51,404,216
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock			0
	16.3 Borrowed funds		0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders		0	57,400,000
	16.6 Other cash provided (applied)	881,667	14,750,080	9,647,165
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	881,667	14,750,080	(47,752,835)
	DECONOULATION OF GACIL GACIL FOUNDATION OF GACIL FOR STATE AND STATE OF THE STATE O			
10	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	64 400 540	47 640 467	(474 070 000)
18.	, , , , , , , , , , , , , , , , , , , ,	61,439,546	17,519,457	(171,372,680)
19.	Cash, cash equivalents and short-term investments:	1E 000 400	100 000 140	400,000,440
	19.1 Beginning of year	15,296,468	186 , 669 , 148	186,669,148

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	ensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	511,731	0	0	0	0	0	0	111, 153	46,425	354 , 153
2. First Quarter	163,060							110,719	52,341	
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	477,966							331,955	146,011	
Total Member Ambulatory Encounters for Period:										
7 Physician	812,701							470,865	341,836	
8. Non-Physician	437,638							366,979	70,659	
9. Total	1,250,339	0	0	0	0	0	0	837,844	412,495	0
10. Hospital Patient Days Incurred	35,432							35,063	369	
11. Number of Inpatient Admissions	5,629							5,518	111	
12. Health Premiums Written (a)	519,069,546							355,852,578	163,683,486	(466,518
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	508,994,452							355,346,942	165,108,560	(11,461,050
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services								293,672,280	122,751,876	(42,405,422
18. Amount Incurred for Provision of Health Care Services	400, 070, 407							300,220,285	136,960,803	(10,807,651

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)	•		•	•	-				
	-								
	-								
	-								
		+							
		+							
		+							
	-								
	-	-							
	-								
	-								
0299999 Aggregate accounts not individually listed-uncovered						0			
0399999 Aggregate accounts not individually listed-covered	29,810,529		(1,741,657)			20,579,157			
0499999 Subtotals	29,810,529	(2,657,505)	(1,741,657)	(1,636,890)	(3, 195, 321)	20,579,157			
0599999 Unreported claims and other claim reserves						127,939,512			
0699999 Total amounts withheld									
0799999 Total claims unpaid						148,518,668			
0899999 Accrued medical incentive pool and bonus amounts						10,864,585			

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - P					1	i .
		Claims Paid Liability			5	6
	Year to		End of Curre	ent Quarter		
	On Claims Incurred Prior to January 1 of	On Claims Incurred	On Claims Unpaid Dec. 31	On Claims Incurred	Claims Incurred in Prior Years	Estimated Claim Reserve and Claim Liability December 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	26,372,941	267,861,651	19, 157, 572	68,289,537	45,530,512	75,823,291
7 Title XIX - Medicaid	29,227,873	93,519,477	7, 160, 935	51, 198, 712	36,388,808	44,673,063
8. Other health	(64, 156, 762)	21,751,339	2,711,913	0	(61,444,849)	12,148,021
9. Health subtotal (Lines 1 to 8)	(8,555,948)	383, 132, 468	29,030,419	119,488,248	20,474,471	132,644,375
10. Healthcare receivables (a)			11,977,836	46,373,926	11,977,836	93,669,725
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	507,034	(1,064,821)	7,142,529	3,722,056	7,649,563	9,702,137
13. Totals (Lines 9-10+11+12)	(8,048,914)	382,067,647	24, 195, 112	76,836,379	16, 146, 198	48,676,787

⁽a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of HealthSpring Life & Health Insurance Company, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Texas Department of Insurance (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Texas for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO) for determining solvency under Texas Insurance Law. The National Association of Insurance Commissioners' (the NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Texas. While the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, the Company's financials were not affected by those differences in 2015 or 2014.

	State of Domicile	2015	2014
Net income:			
(1) State basis (Page 4, Line 32)(2) State Prescribed Practices that increase/(decrease) SAP:	TX	\$ 4,452,496	\$ (7,889,619)
None (3) State Permitted Practices that increase/(decrease) SAP:	TX	-	-
None	TX	-	-
(4) NAIC SAP	TX	\$ 4,452,496	\$ (7,889,619)
Surplus:			_
(5) State basis (Page 3, line 33)(6) State Prescribed Practices that	TX	\$ 320,009,291	\$ 327,862,169
increase/(decrease) NAIC SAP: Receivable from parent & affiliates (7) State Permitted Practices that increase/(decrease) NAIC SAP:	TX	-	-
None	TX	-	-
(8) NAIC SAP	TX	\$ 320,009,291	\$ 327,862,169

B. Use of Estimates in the Preparation of the Financial Statements

No change from the 2014 Annual Statement.

C. Accounting Policies

No change from the 2014 Annual Statement.

- 2. Accounting Changes and Corrections of Errors
 - A. Material Changes in Accounting Principles and/or Correction of Errors

Changes in Accounting Principles – no changes from 2014 annual statement.

Corrections of Errors – not applicable

- 3. Business Combinations and Goodwill
 - A. Statutory Purchase Method not applicable.
 - B. Statutory Merger not applicable.
 - C. Assumption Reinsurance not applicable.
 - D. Impairment Loss not applicable.

NOTES TO FINANCIAL STATEMENTS

4. Discontinued Operations

- 1. Identity of Segment Discontinued not applicable.
- 2. Expected Disposal Date not applicable.
- 3. Expected Manner of Disposal not applicable.
- 4. Description of Remaining Assets and Liabilities not applicable.
- 5. Amounts Related to Discontinued Operations not applicable.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans not applicable.
- B. Debt Restructuring not applicable.
- C. Reverse Mortgages not applicable.
- D. Loan-Backed Securities
 - 1. Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment
 - 2. As of March 31, 2015 there were no loan-backed and structured securities that have been adjusted to recognize an other-than-temporary impairment.
 - 3. During the three months ended March 31, 2015 there were no loan-backed and structured securities with a recognized other-than-temporary impairment.
 - 4. As of March 31, 2015 loan-backed and structured securities with a decline in fair value from amortized cost were as follows, including the length of time of such decline:
 - a. The aggregate amount of unrealized losses:

1. Less than 12 months: \$63,158 2. 12 months or longer: \$0

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months: \$2,225,085

2. 12 months or longer: \$0

- 5. Management reviews loan-backed and other structured securities with a decline in fair value from cost for impairment based on criteria that include;
 - Length of time and severity of decline;
 - Financial and specific near term prospects of the issuer;
 - Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region; and
 - The Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.
- E. Repurchase Agreements and/or Securities Lending Transactions not applicable.
- F. Real Estate not applicable.
- G. Investments in Low Income Housing Tax Credits not applicable.

NOTES TO FINANCIAL STATEMENTS

Percentage

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

	Total Gross Restricted from	Total Gross Restricted from	Increase	Total Current Year Admitted	Percentage Gross Restricted to	Total Admitted
Restricted Asset Category a. Subject to contractual obligation	Current Year	Prior Year	(Decrease)	Restricted	Total Assets	Assets
for which liability is not shown	\$ -	\$ -	\$ -	\$ -	_	_
b. Collateral held under security	ψ –	φ -	φ -	φ -		
lending agreements	_	_	_	_	_	_
c. Subject to repurchase agreements	_	_	_	-	_	_
d. Subject to reverse repurchase						
agreements	_	_	_	-	_	_
e. Subject to dollar repurchase						
agreements	-	=	=	=	-	-
f. Subject to dollar reverse						
repurchase agreements	-	-	-	-	-	-
g. Placed under option contractsh. Letter stock or securities	-	-	-	-	-	-
restricted as to sale	-	-	=	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	10,245,205	10,262,378	(17,173)	10,245,205	1.7%	1.7%
k. On deposit with other regulatory						
bodies	-	-	-	-	-	-
 Pledged collateral to FHLB 						
(including assets backing funding						
agreements)	-	-	=	=	-	-
m. Pledged as collateral not captured						
in other categories	-	-	-	-	-	-
n. Other restricted assets			-	-		
o. Total Restricted Assets	\$ 10,245,205	\$ 10,262,378	\$ (17,173)	\$ 10,245,205	1.7%	1.7%

- I. Investments for Working Capital Finance Investments not applicable
- J. Offsetting and Netting of Assets and Liabilities none
- K. Structured Notes none
- 6. Joint Ventures, Partnerships and Limited Liability Companies
 - A. Investments in Joint Ventures, Partnerships and Limited Liability Companies not applicable.
 - B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies not applicable.

7. Investment Income

- A. Any investment income due and accrued with amounts that are over 90 days past due are nonadmitted and excluded from surplus.
- B. As of March 31, 2015 and December 31, 2014, the Company had no investment income due and accrued with amounts that are over 90 days past due.

8. Derivative Instruments

- A. Market Risk, Credit Risk, and Cash Requirements for Derivatives not applicable.
- B. Objectives for the Use of Derivatives not applicable.
- C. Description of Accounting Policies for Derivatives not applicable.
- D&E. Net Gain or Loss from Derivatives not applicable.
- F. Cash Flow Hedges not applicable.

9. Income Taxes

No change from the 2014 Annual Statement.

- 10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. B. and C.

NOTES TO FINANCIAL STATEMENTS

As of March 31, 2015, the Company has paid no ordinary dividends to NewQuest, LLC (the Parent). No capital contributions have been received in 2015. In 2014, the Company paid \$57,400,000 in ordinary dividends to NewQuest, LLC (the Parent).

- D. At March 31, 2015 and December 31, 2014, the Company reported \$45,118,931 and \$44,874,530, respectively, as the net amounts due to the parent, subsidiaries and affiliates, respectively. These amounts are settled periodically, usually monthly.
- E. Guarantees Resulting in a Material Contingent Exposure not applicable.
- F. Management Services Agreement

Fee Sharing Agreement (the "Agreement")- Several of Cigna Corporation's ("Cigna") subsidiaries are subject to the Health Insurance Providers Fee, "the Fee", which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk. Such entities, along with Cigna, are collectively treated as a single "covered entity" as that term is defined in Section 9010(c) and Treas. Reg. § 57.2(b). By entering into this Agreement, each Party has consented to select Cigna as its "designated entity" for the payment of this Fee. The Agreement allows Cigna to pay each year to the Treasury the Fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna's responsibilities as the designated entity. This Agreement further allows Cigna to delegate to a wholly owned subsidiary the authority to perform these actions on Cigna's behalf. For financial management and reporting purposes, Cigna and the Parties will allocate the Fee for each Fee Year among the Parties in proportion to estimates of each Party's Premiums for that Fee Year. This Agreement was submitted for Department approval/non-disapproval, and is effective for HealthSpring Life and Health Insurance Company, Inc. on August 11, 2014.

G. Ownership

All outstanding shares of the Company are owned by NewQuest, LLC, a limited liability company domiciled in the state of Texas, which is a wholly owned subsidiary of HealthSpring, Inc., a Delaware corporation, which is an indirect wholly owned subsidiary of Cigna Corporation.

- H. Upstream Intermediate Entity not applicable.
- I. Investment in SCA Entity that Exceeds 10% of Admitted Assets not applicable.
- J. Investments in Impaired SCA's not applicable.
- K. Investments in Foreign Insurance Subsidiaries not applicable.
- L. Investment in a Downstream Non-Insurance Holding Company not applicable.

11. Debt

- A. Debt and Capital Notes not applicable.
- B. FHLB Agreements not applicable.
- 12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A. Defined Benefit Plan not applicable.
 - B. Investment Policies and Strategies for Plan Assets not applicable.
 - C. Fair Value Measurement of Plan Assets not applicable.
 - D. Rate of Return on Plan Assets not applicable.
 - E. Defined Contribution Plan not applicable.
 - F. Multi-Employer Plan not applicable.
 - G. Consolidated/Holding Company Plans not applicable.
 - H. Postemployment Benefits and Compensated Absences not applicable.
 - I. Impact of Medicare Modernization Act on Postretirement Benefits not applicable.

NOTES TO FINANCIAL STATEMENTS

- 13. Capital and Surplus, Shareholders' Dividend Restriction and Quasi-Reorganizations
 - 1. The Company has 5,000,000 shares authorized, 2,500,000 shares issued and outstanding of \$1 par value Common Stock, owned entirely by NewQuest, LLC.
 - 2. The Company has no preferred stock outstanding.
 - 3. The payment of dividends by the Company to the shareholder is limited and can only be made from earned profits unless prior approval is received from the Department. The maximum amount of dividends that may be paid by insurance companies without prior approval is also subject to restrictions relating to statutory surplus and net income. The Company's dividends are noncumulative.
 - 4. As of March 31, 2015, the Company has paid no ordinary dividends to NewQuest, LLC (the Parent). No capital contributions have been received in 2015. In 2014, the Company paid \$57,400,000 in ordinary dividends to NewQuest, LLC (the Parent).
 - 5. Within the limits of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - 6. Restrictions on Unassigned Surplus none.
 - 7. For Mutual Companies, Advances to Surplus Not Repaid not applicable.
 - 8. Stock Held by the Company, Including Stock of Affiliated Companies not applicable.
 - 9. Special Surplus Funds The change in special surplus funds is the recognition of the 2016 Health Insurance Industry Fee of \$7,721,231.
 - 10. Cumulative Unrealized Gains and Losses in Surplus none.
 - 11. Surplus Note none.
 - 12. Quasi-Reorganization not applicable.
 - 13. Date of a Quasi Reorganization not applicable.
- 14. Contingencies
 - A. Contingent Commitments none.
 - B. Assessments none.
 - C. Gain Contingencies none.
 - D. Claims-Related Extra-contractual Obligations none.
 - E. Joint and Several Liabilities none.
 - F. All Other Contingencies no change from the 2014 Annual Statement.
- 15. Leases
 - A. Lessee Operating Leases none.
 - B. Lessor Leases none.
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
 - 1. Financial Instruments with Off-Balance Sheet Risk not applicable.
 - 2. Nature and Terms of Financial Instruments with Off-Balance Sheet Risk not applicable.
 - 3. Amount of Loss not applicable.
 - 4. Policy for Requiring Collateral not applicable.
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfer of Receivables Reported as Sales not applicable.

NOTES TO FINANCIAL STATEMENTS

- B. Transfer and Servicing of Financial Assets not applicable.
- C. Wash Sales none.
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. ASO Plans not applicable.
 - B. ASC Plans not applicable.
 - C. Medicare or Similarly Structured Cost Based Reimbursement Contracts not applicable.
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
 - (A)-(F) Not applicable.
- 20. Fair Value Measurements

The Company's financial assets measured at fair value include bonds valued at the lower of cost or fair value when reported at the balance sheet date.

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

The Company estimates fair values of bonds using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available and other market information that a market participant may use to estimate fair value. The internal pricing methods are performed by the Company's investment professionals, and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little to no market activity for the same or similar instruments, the fair value is estimated using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment that becomes significant with increasingly complex instruments or pricing models.

Level 1 Financial Assets

Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets

Level 2 Financial Assets

Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates, spreads, and yield curves. An instrument is in Level 2 if the Company determines that unobservable inputs are insignificant.

Level 3 Financial Assets

Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset at the report date.

Level 3 assets include asset-backed securities and industrial and miscellaneous corporate bonds valued using pricing models that incorporate the specific characteristics of each asset and related assumptions including the investment type and structure, credit quality, industry and maturity date in comparison to current market indices, spreads and liquidity of assets with similar characteristics. For asset-backed securities, inputs and assumptions to pricing may also include collateral attributes and prepayment speeds.

NOTES TO FINANCIAL STATEMENTS

- (1) The Company does not have any financial assets with a fair value hierarchy of level 3 carried at fair value in the financial statements.
- (4) Bonds with NAIC designation 6 or 6* are carried at the lower of amortized cost or fair value. The Company maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. Whenever available, the Company obtains quoted prices in active markets for identical assets at the balance sheet date to measure at fair value. Market price data generally is obtained from exchange or dealer markets.

A. Fair Value Measurements at Reporting Date

As of March 31, 2015 and December 31, 2014, the Company had no bonds reported at fair value in the financial statements.

C. Disclosures about Fair Values of Financial Instruments Not Carried at Fair Value

(2) The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's bonds not recorded at fair value as of March 31, 2015 and December 31, 2014, respectively.

March 31, 2015						
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 270,098,025	\$ 265,419,104	\$ 9,619,294	\$ 254,007,347	\$ 6,471,383	\$ -
December 31, 20	14					
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 276,529,077	\$ 273,829,942	\$ 9,582,345	\$ 260,413,503	\$ 6,533,229	\$ -

21. Other Items

- A. Extraordinary Items none.
- B. Troubled Debt Restructuring: Debtors none.
- C. Other Disclosures and Unusual Items none.
- D. Business Interruption Insurance Recoveries none.
- E. State Transferable Tax Credits none.
- F. Subprime Mortgage-Related Risk Exposure
 - 1. Direct Exposure through Investments in Subprime Loans not applicable.
 - 2. Direct Exposure through Other Investments not applicable.
 - 3. Underwriting Exposure to Subprime Mortgage Risk not applicable.
- G. Retained Assets none.

22. Events Subsequent

Subsequent events have been considered between the balance sheet date and May 14, 2015 for the statutory statement filed on May 14, 2015.

23. Reinsurance

- A. Ceded Reinsurance Report no change from the 2014 Annual Statement
- B. Uncollectible Reinsurance none.

NOTES TO FINANCIAL STATEMENTS

- C. Commutation of Ceded Reinsurance none.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation none
- 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination
 - A. Method Used to Estimate Accrued Retrospective Premium Adjustments not applicable.
 - B. Where Accrued Retrospective Premium Adjustments are Recorded not applicable.
 - C. Amount of Net Written Premiums Subject to Retrospective Rating Features not applicable.
 - D. Medical loss ratio rebates required pursuant to the Public Health Service Act

On January 1, 2014, the Company became subject to the minimum loss ratio rebate provisions of the Patient Protection and Affordable Care Act (PPACA). PPACA will require payment of premium rebates to customers covered under the Company's comprehensive medical insurance if certain annual minimum medical loss ratios are not met. At the close of each quarter, the Company will record its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Since this accrual reflects the amount of rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of rebate will fluctuate as actual claim experience develops each calendar quarter.

As of March 31, 2015, no amounts were accrued.

- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) the Company does not write business subject to the Risk Sharing Provisions of the Affordable Care Act.
- 25. Change in Incurred Losses and Loss Adjustment Expenses

The liability for claims unpaid as of March 31, 2015 was \$132,644,375. During 2015, \$85,113,777 has been paid on these liabilities. Reserves remaining for prior years are now \$29,030,419, as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a favorable prior year development of \$18,500,179 since December 31, 2014. This release is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

				Accrued Medical		
			Inc	centive Pool	Healthcare	
	U	Inpaid Claims		& Bonus	Receivable	Total
						_
12/31/2014 Balance	\$	132,644,375	\$	9,702,137	\$ (92,198,467)	\$ 50,148,045
Paid/(Received)		85,113,777		507,034	(92,198,467)	(6,577,656)
Favorable/(Unfav) Development		18,500,179		2,052,574	-	20,552,753
03/31/2015 Balance for 2014 & Prior	\$	29,030,419	\$	7,142,529	\$ -	\$ 36,172,948

26. Intercompany Pooling Arrangements

A.-G. - None.

27. Structure Settlements

Not applicable.

- 28. Health Care Receivables
 - A. Pharmaceutical Rebate Receivables

The information below includes the stand-alone prescription drug plan line of business. The Estimated Pharmacy Rebates as Reported on Financial Statements for March 31, 2015 and December 31, 2014 exclude no amounts related to non-admitted rebates.

NOTES TO FINANCIAL STATEMENTS

							Actual
	I	Estimated			Actual	Actual	Rebates
	I	Pharmacy			Rebates	Rebates	Received
	R	lebates as			Received	Received	Within More
	Re	eported on]	Pharmacy	Within 90	Within 91 to	Than 180
]	Financial	F	Rebates as	Days of	180 Days of	Days of
Quarter Ended	S	tatements		Billed	Billing	Billing	Billing
03/31/15	\$	39,546,478	\$	13,812,827	\$ -	\$ -	\$ -
12/31/14		76,750,628		52,805,328	27,071,677	-	-
09/30/14		78,302,018		53,664,654	27,219,635	26,445,019	-
06/30/14		86,784,435		56,074,079	27,901,201	26,030,603	2,142,274
03/31/14		60,559,492		58,566,867	29,787,957	27,257,450	1,521,460
12/31/13		71,683,778		72,493,834	72,232,940	253,332	7,562
09/30/13		69,602,110		69,873,459	69,171,947	621,451	80,061
06/30/13		60,112,299		60,045,583	60,179,215	(150,047)	16,416
03/31/13		55,879,371		55,723,485	55,665,856	202,774	(145,146)
		, ,		, ,	, ,	,	, , ,
12/31/12		71,748,098		68,733,576	67,982,180	259,915	491,480
09/30/12		66,776,920		66,663,880	63,878,473	2,379,997	405,411
06/30/12		106,251,075		65,244,166	65,191,121	(154,307)	ŕ
00/30/12		100,231,073		05,277,100	05,171,121	(134,307)	201,332

B. Risk Sharing Receivables

Calendar Year	Evaluation Period	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed
2015	2015 2014	. , ,	\$ 2,620,156 \$ (66,607)	\$ (66,607) xxx	\$ 2,620,156 \$ -
2014	2014 2015	*	\$ - \$ -	\$ - xxx	\$ - \$ -
2013	2013 2014		\$ - \$ -	\$ - xxx	\$ - \$ -
Calendar Year	Evaluation Period	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Receivable First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
2015	2015 2014	,,	\$ - xxx	\$ - xxx	\$ - xxx
2014	2014 2015		\$ - xxx	\$ - \$ -	\$ - \$ -
2013	2013 2014	*	\$ - xxx	\$ - xxx	\$ - xxx

C. Other Healthcare Receivables

Other Healthcare Receivables included \$2,952,994 related to claims overpayments, \$233,796 related to plan to plan pharmacy settlements, and \$6,193,708 related to other medical receivables.

29. Participating Policies

None

30. Premium Deficiency Reserves

NOTES TO FINANCIAL STATEMENTS

Premium deficiencies occur when it is probable that expected claims expense (hospital/medical expenses and administrative expenses) will exceed future premiums on existing insurance contracts. For purposes of estimating premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing, and measuring the profitability of such contracts. At March 31, 2015 and December 31, 2014, the Company had liabilities of \$15,015,704 and \$45,227,461, respectively, related to premium deficiency reserves on its Medicaid business. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring th Domicile, as required by the Model Act?		Yes [] No [X]
1.2	If yes, has the report been filed with the domiciliary state?		Yes [] No []
2.1	Has any change been made during the year of this statement in the char reporting entity?		
2.2	If yes, date of change:		<u>-</u>
3.1	Is the reporting entity a member of an Insurance Holding Company Systis an insurer?		
3.2	Have there been any substantial changes in the organizational chart sine	ce the prior quarter end?	
3.3	If the response to 3.2 is yes, provide a brief description of those changes	5.	
4.1	Has the reporting entity been a party to a merger or consolidation during	g the period covered by this statement?	
4.2	If yes, provide the name of the entity, NAIC Company Code, and state o ceased to exist as a result of the merger or consolidation.	f domicile (use two letter state abbreviation) for any entity that ha	is
	1 Name of Entity	NAIC Company Code State of Domicile	
5.	If the reporting entity is subject to a management agreement, including t in-fact, or similar agreement, have there been any significant changes If yes, attach an explanation.		
6.1	State as of what date the latest financial examination of the reporting en	tity was made or is being made.	12/31/2014
6.2	State the as of date that the latest financial examination report became date should be the date of the examined balance sheet and not the date.		
6.3	State as of what date the latest financial examination report became avenue the reporting entity. This is the release date or completion date of the edate).	examination report and not the date of the examination (balance	sheet
6.4 6.5	By what department or departments? Texas Department of Insurance Have all financial statement adjustments within the latest financial exam statement filed with Departments?	ination report been accounted for in a subsequent financial	Yes [X] No [] N/A [
6.6	Have all of the recommendations within the latest financial examination	report been complied with?	Yes [X] No [] N/A [
7.1	Has this reporting entity had any Certificates of Authority, licenses or recrevoked by any governmental entity during the reporting period?		
7.2	If yes, give full information:		
8.1	Is the company a subsidiary of a bank holding company regulated by the	Federal Reserve Board?	Yes [] No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding co	ompany.	
8.3	Is the company affiliated with one or more banks, thrifts or securities firm	15?	
8.4	If response to 8.3 is yes, please provide below the names and location (regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission	Office of the Comptroller of the Currency (OCC), the Federal De	
	1 Affiliate Name	2 3 4 Location (City, State) FRB OCC	5 6 FDIC SEC
	1		

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code.	Yes [X] No []
9.11	If the response to 9.1 is No, please explain:	
9.2	Has the code of ethics for senior managers been amended?	Yes [] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).	Yes [] No [X]
	FINANCIAL	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$	
	INVESTMENT	
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [] No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	0
13.	Amount of real estate and mortgages held in short-term investments:	0
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [] No [X]
	1 Prior Year-End Book/Adjusted Carrying Value Bonds	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds \$ 0	\$0
	Preferred Stock	\$0
	Common Stock\$0	\$0
	Short-Term Investments\$	\$0
	Mortgage Loans on Real Estate \$ 0	\$0
14.26	All Other\$0	\$0
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) \$ 0 Total Investment in Parent included in Lines 14.21 to 14.26 above \$ 0	\$0 \$0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [] No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [] No []
	IT DO OTTOOD O GOOGRAPION WITH THIS STATEMENT	

GENERAL INTERROGATORIES

16.	16.2 Total book adju	of reinvested collateral assets reporte sted/carrying value of reinvested coll	ed on Sched ateral assets	lule DL, Parts 1 a s reported on Sch	atement date: und 2 uedule DL, Parts 1 and 2	\$	0
17. 17.1	offices, vaults or safety deposit boxe custodial agreement with a qualified	es, were all stocks, bonds and other so bank or trust company in accordanc ustodial or Safekeeping Agreements	securities, ov ce with Secti of the NAIC	vned throughout to on 1, III - General Financial Condition	I Examination Considerations, F. ion Examiners Handbook?		No []
	1	1			2		
	JP Morgan Chase	ustodian(s)	4 Chase Me		Custodian Address Brooklyn, New York 11245		
17.2	For all agreements that do not compl location and a complete explanation 1 Name(s)	2 Location(s)		Ce	3 complete Explanation(s)		
17.3 17.4	If yes, give full information relating the		s) identified	in 17.1 during the	current quarter?	Yes []	No [X]
	1 Old Custodian	2 New Custodian	Dat	3 te of Change	4 Reason	\Box	
17.5	Identify all investment advisors, broke handle securities and have authority	ers/dealers or individuals acting on be to make investments on behalf of th	ehalf of brok e reporting o	er/dealers that ha entity:	eve access to the investment accounts,	<u> </u>	
	1 Central Registration Depository	2 Name(s)			3 Address		
				900 Cottage Gro	ove Road, Bloomfield, CT 06002		
18.1 18.2	Have all the filing requirements of the If no, list exceptions: There are 2 cusips in the process of b	·	of the NAIC S	Securities Valuation	on Office been followed?	Yes []	No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	 		82.1
	1.2 A&H cost containment percent	 		5.8
	1.3 A&H expense percent excluding cost containment expenses	 		15.1
2.1	Do you act as a custodian for health savings accounts?	 Yes [] No [X]]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 		0
2.3	Do you act as an administrator for health savings accounts?	 Yes [] No [X]	J
24	If we please provide the halance of the funds administered as of the reporting date	\$		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NAIC Type of Certified Date of Reinsurer Certified Type of Certifi		Showing All New Reinsurance Treaties - Current Year to Date												
NAIC Company ID Effective Date Name of Reinsurer Domiciliary Reinsurance Ceded Type of Reinsurer (1 through 6) Rating Reinsurance Ceded Type of Reinsurer Rating Reinsurance Rating Reinsurer (1 through 6) Rating Reinsurance Rating Reinsurer (1 through 6) Rating Reinsuren (1 throu	1	2	3 4	5	6	7		Effective						
	NAIC Company	ID	Effective	Domiciliary	Reinsurance		Reinsurer	Certified						
NONE	Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Type of Reinsurer	(1 through 6)	Rating						
NONE								i						
NONE	·	-						ſ						
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			1	Current Ye	ai io Dale - A	Allocated by S		ritories siness Only			
			1	2	3	4	Direct Bus	siness Only 6	7	8	9
				_	3	7	Federal		,	0	3
							Employees	Life and			
							Health	Annuity			
				Accident and			Benefits	Premiums &	Property/	Total	
			Active	Health	Medicare	Medicaid	Program	Other	Casualty	Columns 2	Deposit-Type
	States, etc.		Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	Through 7	Contracts
1.	Alabama	AL	L	(20, 102)						(20, 102)	
2.	Alaska	٩K	L	(3,722)						(3,722)	
	Arizona		L	(8,505)						(8,505)	
	Arkansas			(5,755)	4,273,447					4,267,692	
	=		L	. , ,							
_	•	CA .	L	(14,574)						(14,574)	
	Colorado (L	(1,387)						(1,387)	
7.	Connecticut	CT .	L	(1,452)						(1,452)	
8.	Delaware	DE .	L	(2,345)						(2,345)	
9.	District of Columbia . [oc .	L	(3, 163)						(3, 163)	
10.	Florida F	=1	I	(1,568)						(1,568)	
	Georgia (<u>L</u>	(2,493)	6,351,292					6,348,799	
	-		L								
	Hawaii F			(2,800)						(2,800)	
	Idaho II	_	L	(5,410)						(5,410)	
14.	Illinois	L.	L	(69,255)						(69,255)	
15.	Indiana	N	L	(3,067)				ļ		(3,067)	
16.	lowa	Α	L	(1,017)						(1,017)	
	Kansas	'` i	<u>_</u>	(1,668)						(1,668)	
	Kentucky			(1,000)						(2,380)	
	-		L								
	Louisiana L			(18,821)						(18,821)	
	Maine		L	(511)						(511)	
	Maryland		L	(13,001)				 		(13,001)	
22.	Massachusetts N	MΑ	L	(3,116)				ļ		(3, 116)	ļ
23.	Michigan	ΛI	L	(7,394)						(7,394)	
	Minnesota		L.	(1,370)						(1,370)	
	Mississippi		L	(16,783)						(16,783)	
	Missouri	-	⊢ I	(10,765)						(2,315)	
	-			(2,313)						(2,315)	
	Montana	•••		, ,							
	Nebraska	1	L	(534)						(534)	
	Nevada		L	(1,804)						(1,804)	ļ
	New Hampshire		L	(397)				ļ		(397)	ļ
31.	New Jersey	٧J	L	(1,556)						(1,556)	
	New Mexico		L	(288)						(288)	
	New York		I	(65, 111)						(65, 111)	
	North Carolina		LL	(03, 111)						(03, 111)	
		-									
	North Dakota		<u>Ļ</u>	(287)						(287)	
	Ohio		L	(2,801)						(2,801)	
37.	Oklahoma (OK .	L	(2,991)						(2,991)	ļ
38.	Oregon	OR .	L	(10,516)						(10,516)	
	Pennsylvania F		l	(16,826)						(16,826)	
	Rhode Island F		<u></u>	(427)						(427)	
	South Carolina		 I	(2,529)						(2,529)	
											·
	South Dakota	1		(292)						(292)	
	Tennessee 7		L	(27, 190)						(27, 190)	
	Texas 7	ΓX .	L	(78,760)	345,227,838	163,683,486				508,832,565	
45.	Utah ι	JT .	L	(4,490)						(4,490)	
46.	Vermont	/T	L	(359)			<u></u>	L		(359)	L
	Virginia		L							(2,671)	
	Washington			(23, 175)						(23, 175)	ļ
	West Virginia			(4.804)				ļ			ļ
			L	, ,						(4,804)	
	Wisconsin		<u></u> L	(2,360)						(2,360)	
	Wyoming		L	(162)						(162)	
52.	American Samoa A	AS .	N							0	
53.	Guam (GU .	N							0	
54.	Puerto Rico F	PR	NN.							0	
	U.S. Virgin Islands \		N							n	
	Northern Mariana										
55.	Islands N	ИP	N							0	
57.	Canada (CAN	N							0	
	Aggregate Other	. ۱۱ N									
50.	Aliens (ОТ	XXX	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	(466,518)		163,683,486	0	0	0	519,069,546	0
	Reporting Entity Contributions for Emp			(400,010)	000,002,010	100,000,400	······		9	010,000,040	
	Benefit Plans		XXX							0	
61.	Totals (Direct Business		(a) 51	(466,518)	355,852,578	163,683,486	0	0	0	519,069,546	0
<u> </u>	DETAILS OF WRITE-I		(4)	(300,010)	300,002,010	100,000,700	3		0	0.0,000,040	1
58001.			1777					1			1
			XXX					t			†
			XXX								-
58003.			XXX					 			
58998.	Summary of remaining										
	write-ins for Line 58 fro		,	ا ً	_	_	_	_	_	_	_
=0	overflow page		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 the										
	58003 plus 58998)(Line	e 58	1777	^	0	0	0	0	0	0	0
	above) sed or Chartered - Licens		XXX	0							
. A	and ar Charterad License	ad Incu	iranco Carrior	or Domiciled RRC	· (R) Renistered	- Non-domiciled	RRGe: (U) Quali	mad - Oualifiad or	Accredited Rain	aurari (E) Eliaible	

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

PART 1 - ORGANIZATIONAL CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federa Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliate as of March 31, 2015:

```
Cigna CORPORATION
(A Delaware corporation and ultimate parent company)
Cigna Holdings, Inc.
        Cigna Intellectual Property, Inc.
        Cigna Investment Group, Inc.
               Cigna International Finance Inc.
               Former Cigna Investments, Inc.
              Cigna Investments, Inc.
                      Cigna Mezzanine Partners III, Inc.
                            Cigna Mezzanine Partners III, LP
                     Cigna Benefits Financing, Inc. (EI # 010947889, DE)
       Connecticut General Corporation
               Benefit Management Corp.
(EI # 81-0585518)
                      *Allegiance Life & Health Insurance Company (EI # 20-4433475, NAIC # 12814, MT)
                       *Allegiance Re, Inc.
(EI # 20-3851464, MT)
                       Allegiance Benefit Plan Management, Inc.
                       Allegiance COBRA Services, Inc.
                       Allegiance Provider Direct, LLC
                       Community Health Network, LLC
                       Intermountain Underwriters, Inc.
                       Star Point, LLC
              HealthSpring, Inc.
                      NewQuest, LLC
                              NewQuest Management Northeast, LLC
                                      *Bravo Health Mid-Atlantic, Inc. (EI # 52-2259087, NAIC # 10095, MD)
                                     |*Bravo Health Pennsylvania, Inc.
| (EI # 52-2363406, NAIC # 11254, PA)
                                 *HealthSpring Life & Health Insurance Company (EI # 20-8534298, NAIC # 12902, TX)
                                 *HealthSpring of Florida, Inc.
(EI # 65-1129599, NAIC #11532, FL)
                                NewQuest Management of Illinois, LLC
                                NewQuest Management of Florida, LLC
                                HealthSpring Management of America, LLC
                                NewQuest Management of West Virginia, LLC
                                TexQuest, LLC
                                 HouQuest, LLC
                                     GulfQuest, LP
                                NewQuest Management of Alabama, LLC
                                HealthSpring USA, LLC
                                HealthSpring Management, Inc.
                                      HealthSpring of Tennessee, Inc.
(EI # 62-1593150, NAIC # 11522, MD)
                                     |Tennessee Quest, LLC
                                HealthSpring Pharmacy Services, LLC
                                     | HealthSpring Pharmacy of Tennessee, LLC
                                Home Physicians Management, LLC
               *Cigna Arbor Life Insurance Company (ET # 03-0452349, NATC # 13733, CT)
               Cigna Behavioral Health, Inc.
                      Cigna Behavioral Health of California, Inc. (ET# 94-3107309)
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PART 1 – ORGANIZATIONAL CHART

Cigna Behavioral Health of Texas, Inc. (EI# 75-2751090) $\underline{\texttt{MCC}}$ Independent Practice Association of New York, Inc. Cigna Dental Health, Inc. Cigna Dental Health of California, Inc. (EI# 59-2600475, CA) Cigna Dental Health of Colorado, Inc. (EI# 59-2675861, NAIC # 11175, CO) Cigna Dental Health of Delaware, Inc. (EI# 59-2676987, NAIC # 95380, DE) Cigna Dental Health of Florida, Inc. (EI# 59-1611217, NAIC # 52021, FL) Cigna Dental Health of Illinois, Inc. (EI# 06-1351097, IL) Cigna Dental Health of Kansas, Inc. (EI# 59-2625350, NAIC # 52024, KS) Cigna Dental Health of Kentucky, Inc. (EI# 59-2619589, NAIC # 52108, KY) Cigna Dental Health of Missouri, Inc. (EI#06-1582068, NAIC # 11160, MO) Cigna Dental Health of New Jersey, Inc. (EI# 59-2308062, NAIC # 11167, NJ) Cigna Dental Health of North Carolina, Inc. (EI# 56-1803464 , NAIC # 95179, NC) Cigna Dental Health of Ohio, Inc. (EI# 59-2579774, NAIC # 47805, OH) Cigna Dental Health of Pennsylvania, Inc. (EI# 52-1220578, NAIC # 47041, PA) Cigna Dental Health of Texas, Inc. (EI# 59-2676977, NAIC # 95037, TX) Cigna Dental Health of Virginia, Inc. (EI# 52-2188914, NAIC # 52617, VA) Cigna Dental Health Plan of Arizona, Inc. (EI# 86-0807222, NAIC # 47013, AZ) Cigna Dental Health of Maryland, Inc. (EI#20-2844020, NAIC #48119, MD) Cigna Health Corporation Healthsource, Inc. Cigna HealthCare of Arizona, Inc. (EI# 86-0334392, NAIC#95125, AZ) Cigna HealthCare of California, Inc. (EI# 95-3310115, CA) Cigna HealthCare of Colorado, Inc. (EI# 84-1004500, NAIC # 95604, CO) Cigna HealthCare of Connecticut, Inc. (EI# 06-1141174, NAIC # 95660, CT) Cigna HealthCare of Florida, Inc. (EI# 59-2089259, NAIC # 95136, FL) Cigna HealthCare of Illinois, Inc. (EI# 36-3385638, NAIC # 95602, IL) Cigna HealthCare of Maine, Inc. (EI# 01-0418220, NAIC # 95447, ME) Cigna HealthCare of Massachusetts, Inc. (EI# 02-0402111, NAIC # 95220, MA) Cigna HealthCare Mid-Atlantic, Inc. (EI# 52-1404350, NAIC # 95599, MD) Cigna HealthCare of New Hampshire, Inc. (EI# 02-0387749, NAIC # 95493, NH) Cigna HealthCare of New Jersey, Inc. (EI# 22-2720890, NAIC # 95500, NJ) Cigna HealthCare of Pennsylvania, Inc. (EI# 23-2301807, NAIC # 95121, PA) Cigna HealthCare of St. Louis, Inc. (EI# 36-3359925, NAIC # 95635, MO) Cigna HealthCare of Utah, Inc. (EI# 62-1230908, NAIC # 95518, UT) Cigna HealthCare of Georgia, Inc. (EI# 58-1641057, NAIC # 96229, GA) Cigna HealthCare of Texas, Inc. (EI# 74-2767437, NAIC # 95383, TX) Cigna HealthCare of Indiana, Inc. (EI# 35-1679172, NAIC # 95525, IN)

PART 1 – ORGANIZATIONAL CHART

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Cigna HealthCare of Tennessee, Inc. (EI# 62-1218053, NAIC # 95606, TN)
                Cigna HealthCare of North Carolina, Inc. (EI# 56-1479515, NAIC# 95132, NC)
                 Cigna HealthCare of South Carolina, Inc. (EI# 06-1185590, NAIC # 95708, SC)
                 *Temple Insurance Company Limited
                  Arizona Health Plan, Inc.
                 Healthsource Properties, Inc.
       Managed Care Consultants, Inc.
       Choicelinx Corporation
        Sagamore Health Network, Inc.
Cigna Healthcare Holdings, Inc. (EI# 84-0985843)
       Great-West Healthcare of Illinois, Inc. (EI# 93-1174749, NAIC 95388, IL)
       Cigna Healthcare, Inc.
 *Cigna Life Insurance Company of New York (ET# 13-2556568, NAIC # 64548, NY)
 *Connecticut General Life Insurance Company (EI# 06-0303370, NAIC # 62308, CT)
        CG Gillette Ridge, LLC
              | Gillette Ridge Apartments LLC
        CG Merrick, LLC
        CG Mystic Center LLC
              Station Landing LLC
        CG Mystic Land LLC
              | ND/CG Holding LLC
        CG Skyline, LLC
               Skyline ND/CG LLC
                       {\tt ND\ Mystic\ Center\ Note\ LLC}
                       Skyline Mezzanine Borrower, LLC
                            Skyline at Station Landing, LLC
        Careallies, LLC
        CG Bayport LLC
               Bayport Colony Apartments LLC
         Cigna Onsite Health, LLC
        Gillette Ridge Community Council, Inc.
        Gillette Ridge Golf LLC
        Hazard Center Investment Company LLC
        Teal Rock 501 Grant Street GP, LLC
        Teal Rock 501 Grant Street, LP
        Tel-Drug of Pennsylvania, LLC
        CG-LINA Realty Investors LLC
        GRG Acquisitions LLC
        Cigna Affiliates Realty Investment Group, LLC (EI# 27-5402196, DE)
                CR Longwood Investors, LP
                       ND/CR Longwood LLC
                              | ARE/ND/CR Longwood LLC
               .
|CG-LINA Bayport I LLC
                       |Carson Bayport I LP
               115 Sansome Street Associates, LLC
               | 121 Tasman Apartments LLC
               .
|Alto Apartments LLC
               CG-LINA Paper Box LLC
               Secon Properties, LP
               Transwestern Federal Holdings, L.L.C.
                      Transwestern Federal, L.L.C.
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PART 1 – ORGANIZATIONAL CHART

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Market Street Residential Holdings LLC
               |Arborpoint at Market Street LLC
        Market Street Retail Holdings LLC
               |Market Street South LLC
        Diamondview Tower CM-CG LLC
        CR Washington Street Investors LP
        Civic Holding LLC
        Dulles Town Center Mall, LLC
        AEW/FDG, LP
        ND/CR Unicorn LLC
        Union Wharf Apartments LLC
        AMD Apartments Limited Partnership
        SP Newport Crossing LLC
        PUR Arbors Apartments Venture LLC
        CG Seventh Street, LLC
        Ideal Properties II LLC
        Alessandro Partners, LLC
        Mallory Square Partners I, LLC
        Houston Briar Forest Apartments Limited Partnership
        Newtown Partners II, LP
        Newtown Square GP LLC
        AFA Apartments Limited Partnership
        SB-SNH LLC
                680 Investors LLC
               685 New Hampshire LLC
        CGGL 18301 LLC
        Unico/CG Commonwealth LLC
                |Commonwealth Acquisition LLC
        Unico-CG Lovejoy LLC
        222 Main Street Caring GP LLC
        222 Main Street Investors LP
        Notch 8 Residential, L.L.C.
        UVL, LLC
        Agua Mansa Partners LLC
        3601 North Fairfax Drive Associates, LLC
CORAC LLC
        Bridgepoint Office Park Associates, LLC (EI# 27-3923999, DE)
        Fairway Center Associates, LLC (EI# 27-3126102, DE)
       Henry on the Park Associates, LLC (EI 27-3582688, DE)
*Cigna Health and Life Insurance Company (EI # 59-1031071, NAIC # 67369, CT)
        CarePlexus, LLC
(EI# 45-2681649; DE)
        Cigna Corporate Services, LLC (EI 27-3396038, DE)
        Cigna Insurance Agency, LLC (EI # 27-1903785, CT)
        Ceres Sales of Ohio, LLC (EI # 34-1970892, OH)
        Central Reserve Life Insurance Company
(EI # 34-0970995, NAIC # 61727, OH)
                |Provident American Life & Health Insurance Company (EI # 23-1335885, NAIC # 67903, OH)
                        |
|United Benefit Life Insurance Company
(EI # 75-2305400, NAIC # 65269, OH)
               American Life Insurance Company 63-0343428, NAIC # 65722, OH)
                American Retirement Life Insurance Company (EI # 59-2760189, NAIC # 88366, OH)
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SCHEDULE Y PART 1 – ORGANIZATIONAL CHART

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QualCare Alliance Networks, Inc.
                               QualCare, Inc.
|Scibal Associates, Inc.
|QualCare Captive Insurance Company Inc., PCC
|QualCare Marketing Resources Limited Liability Company
|Health-Lynx, LLC
       Cigna Health Management, Inc. (EI# 23-1728483, DE)
       Kronos Optimal Health Company (20-8064696, AZ)
       *Life Insurance Company of North America
(EI# 23-1503749, NAIC # 65498, PA)
               *Cigna & CMC Life Insurance Company Limited (remaining interest owned by an unaffiliated party)
                Cigna Direct Marketing Company, Inc.
        Tel-Drug, Inc.
       Vielife Holdings Limited
                 Vielife Limited
Vielife Service
                 Vielife Services, Inc.
Businesshealth UK Limited
        CG Individual Tax Benefit Payments, Inc.
        CG Life Pension Benefits Payments, Inc.
        CG LINA Pension Benefits Payments, Inc.
        Cigna Federal Benefits, Inc.
        Cigna Healthcare Benefits, Inc.
        Cigna Integratedcare, Inc.
        Cigna Managed Care Benefits Company
        Cigna Re Corporation
              | Blodget & Hazard Limited
        Cigna Resource Manager, Inc.
        Connecticut General Benefit Payments, Inc.
        Healthsource Benefits, Inc.
        IHN, Inc.
        LINA Benefit Payments, Inc.
        Mediversal, Inc.
              | Universal Claims Administration
Cigna Global Holdings, Inc.
       Cigna International Corporation, Inc.
       Cigna International Services, Inc.
       Cigna International Marketing (Thailand) Limited
       CGO Participatos LTDA
       YCFM Servicos LTDA
       *Cigna Global Reinsurance Company, Ltd.
                Cigna Holdings Overseas, Inc.
                        Cigna Bellevue Alpha LLC
                        Cigna Turkey Consultancy Services, A.S.
                        Cigna Linden Holdings, Inc.
                               Cigna Laurel Holdings, Ltd.
Cigna Palmetto Holdings, Ltd.
|Cigna Magnolia Holdings, Ltd.
                        Cigna Nederland Alpha Cooperatief U.A.
                               Cigna Nederland Beta B.V.
                                       Cigna Nederland Gamma B.V.
                                       Cigna Finans Emeklilik Ve Hayat A.S.
                        Cigna Health Solution India Pvt. Ltd.
                       Cigna Apac Holdings Limited
                               |Cigna Alder Holdings, LLC
                               Cigna Walnut Holdings, Ltd. | Cigna Chestnut Holdings, Ltd.
                                                *LINA Life Insurance Company of Korea
                                                       LINA Financial Service
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PART 1 – ORGANIZATIONAL CHART

Cigna Kerea Foundation Cigna Life Insurance New Zealand Limited Cigna Life Insurance New Zealand Limited Cigna Rong Kong Holdings Company Limited Cigna Plata Services (Shanghai) Company Limited Cigna Plata Services (Shanghai) Company Limited Pigna Kerlandony Services Limited Pigna Kerlandony Services Limited Pigna Kerlandony Services Limited Pigna Kerlandony Services Limited Pigna Mericander Limited Pigna Mericander Limited Pigna Life Insurance Company of Canada All Services Edm. Had. All Services Pigna Life Insurance Company Limited Pigna Edm. Life Assurance Company Limited Pigna Edm. Life Assurance Company Limited Pigna Edm. Had. Pigna Edm. Pigna Edm. Had. Pigna Edm. Had. Pigna Edm. Had. Pigna Ed								Cigna Koroa Foundation
*Cigna Hong Kong Holdings Company Limited Cigna Hong Kong Holdings Company Limited Cigna Data Services (Shanghai) Company Limited Cigna EAA Technology Services Limited Prigna Heat Technology Limited Prigna Heat Technology Limited Prigna Heat Technology Limited Prigna Heat Technology of Canada Prigna Heat Technology Prigna Heat Tech		! 					_	
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0901	Cigna Group		06-1059331	1591167	0000701221	US	Cigna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 06-1072796 . . 51-0402128 .	. 1591167 1591167	0000701221 0000701221		Cigna Holdings, Inc Cigna Intellectual Property, Inc	DE	UIP NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1095823	1591167	0000701221		Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		52-0291385	1591167	0000701221		Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-1914061	1591167	0000701221		Former Cigna Investments, Inc	DE	NIA.	Cigna Investment Group, Inc.	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		06-0861092	1591167	0000701221		Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1336442	1591167	0000701221		Cigna Mezzanine Partners III, L.P.	DE	NIA	Cigna Mezzanine Partners III, Inc.	Ownership	.100.000	Cigna Corporation	
0901	Cigna Group		06-1336442	1591167	0000701221		Cigna Mezzanine Partners III, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		01-0947889	1591167	0000701221		Cigna Benefits Financing, Inc	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 06-0840391 .	1591167	0000701221		Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		81-0585518 .	1591167	0000701221		Benefit Management Corp	MT	NI A	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
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0901	Cigna Group	12814	20-4433475	1591167	0000701221			MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-3851464	1591167	0000701221		Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		81-0400550 . 71-0916514	1591167	0000701221		Allegiance Benefit Plan Management, Inc	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group			1591167 1591167	0000701221 0000701221		Allegiance COBRA Services, Inc.	MT	NIA NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 00-0000000 .	1591167	0000701221		Allegiance Provider Direct, LLC Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	
0901	Cigna Group		81-0425785	1591167	0000701221		Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Star Point, LLC	MT	NIA	Benefit Management Corp.	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		20-1821898	1591167	0000701221		HealthSpring, Inc.	DE	UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		76-0628370	1591167	0000701221		NewQuest, LLC	TX	UDP	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		52-1929677	1591167	0000701221		NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	10095	52-2259087	1591167	0000701221		Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11254	52-2363406	1591167	0000701221		Bravo Health Pennsylvania, Inc	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	
							HealthSpring Life & Health Insurance							
0901	Cigna Group	12902	20-8534298	1591167	0000701221		Company, Inc.	TX	RE	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95781	63-0925225 .	1591167	0000701221		HealthSpring of Alabama, Inc	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11532	65-1129599	1591167	0000701221		HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		77-0632665 . 20-4954206 .	1591167 1591167	0000701221		NewQuest Management of Illinois, LLC	IL FL	NIA NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-4954206	1591167	0000701221		NewQuest Management of Florida, LLC HealthSpring Management of America, LLC	PL DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation Cigna Corporation	
0901	Cigna Group		45-0633893	1591167	0000701221		NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		75-3108527	1591167	0000701221		TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		75-3108521	1591167	0000701221		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		76-0657035	1591167	0000701221		GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	
0901	Cigna Group		33-1033586	1591167	0000701221		NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		72-1559530	1591167	0000701221		HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		62-1540621	1591167	0000701221		HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	11522	62-1593150	1591167	0000701221		HealthSpring of Tennessee, Inc	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	[20-5524622	1591167	0000701221		Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		26-2353476	1591167	0000701221		HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	40700	26-2353772	1591167	0000701221		HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	13733	03-0452349	1591167	0000701221		Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		41-1648670	1591167	0000701221		Cigna Behavioral Health, Inc	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		94-3107309	1591167	0000701221		lnc.	CA	IA	Cigna Behavioral Health, Inc.	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		75-2751090	1591167	0000701221		Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc	Ownership	100.000	Cigna Corporation	
0001	Jorgina or out		10-2101030		0000701221		MCC Independent Practice Association of	۱ ۸	INI /\	Orgina Demaytoral mearth, inc.	- σπιοι σπρ	100.000	- 019114 001P01411011	
0901	Cigna Group	1	06-1346406	1591167	0000701221	1	New York. Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100 000	Cigna Corporation	
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	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
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											Type	lf		ļ
											of Control	Control		ļ
											(Ownership,	is		ļ
						Name of Securities		D:	Relation-		Board,	Owner-		ļ
		NAIC				Exchange	Names of	Domi-	ship		Management,	ship		ļ
Group		NAIC Company	ID	Federal		if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	ciliary Loca-	to Reporting	Directly Controlled by	Attorney-in-Fact, Influence,	Provide Percen-	Ultimate Controlling	ļ
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
	Cigna Group	0000	59-2308055	1591167	. 0000701221	momationary	Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	$\overline{}$
	Cigna Group		59-2600475	1591167	0000701221		Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	11175	. 59-2675861 .	1591167	. 0000701221		Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95380	. 59-2676987 .	1591167	. 0000701221		Cigna Dental Health Of Delaware, Inc	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	52021	. 59-1611217 .	1591167	. 0000701221		Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group		. 06-1351097 .	1591167	. 0000701221		Cigna Dental Health of Illinois, Inc.	IL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	52024 52108	. 59-2625350 . 59-2619589 .	1591167 1591167	0000701221		Cigna Dental Health Of Kansas, Inc.	KS KY	IA IA	Cigna Dental Health, Inc.	Ownership Ownership	100.000	Cigna Corporation	
	Cigna Group	11160	. 06-1582068 .	1591167	0000701221		Cigna Dental Health Of Kentucky, Inc Cigna Dental Health Of Missouri, Inc	N1 MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	11167	. 59-2308062 .	1591167	. 0000701221		Cigna Dental Health Of New Jersey, Inc	NJ	IA	Cigna Dental Health, Inc.	Ownership.	100.000	Cigna Corporation	
5501	orgina aroup		00 2000002 .	1001107	. 10000701221		Cigna Dental Health Of North Carolina,			orgina bentar ricartii, mo.	omici 311 p		orgina corporation	
0901	Cigna Group	95179	56-1803464	1591167	0000701221		Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	47805	59-2579774	1591167	0000701221		Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	47041	. 52-1220578 .	1591167	. 0000701221		Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95037	. 59-2676977 .	1591167	. 0000701221		Cigna Dental Health Of Texas, Inc	TX	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	
	Cigna Group	52617	52-2188914	1591167	0000701221		Cigna Dental Health Of Virginia, Inc	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	47013	86-0807222	1591167	0000701221		Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	48119	. 59-2740468 .	1591167	. 0000701221		Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group		. 62-1312478 . . 02-0387748 .	1591167 1591167	0000701221		Cigna Health Corporation Healthsource, Inc.	DE	NIA NIA	Connecticut General Corporation Cigna Health Corporation	Ownership	100.000	Cigna Corporation	
	Cigna Group	95125	. 02-0387748 . . 86-0334392 .	1591167	0000701221		Cigna HealthCare of Arizona, Inc.		NIA IA	Healthsource. Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group		95-3310115	1591167	0000701221		Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership.	100.000	Cigna Corporation	
	Cigna Group	95604	84-1004500	1591167	0000701221		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource. Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95660	06-1141174	1591167	0000701221		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95136	59-2089259	1591167	0000701221		Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95602	36-3385638	1591167	. 0000701221		Cigna HealthCare of Illinois, Inc	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95477	. 01-0418220 .	1591167	. 0000701221		Cigna HealthCare of Maine, Inc	ME	I A	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95220	. 02-0402111 .	1591167	. 0000701221		Cigna HealthCare of Massachusetts, Inc	MA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95599	. 52-1404350 .	1591167	. 0000701221		Cigna HealthCare Mid-Atlantic, Inc.	MD	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95493 95500	. 02-0387749 . 22-2720890 .	1591167 1591167	0000701221		Cigna HealthCare of New Hampshire, Inc Cigna HealthCare of New Jersey, Inc	NH	IA IA	Healthsource, Inc.	Ownership Ownership	100.000	Cigna Corporation	
	Cigna Group	95121	23-2301807	1591167	0000701221		Cigna HealthCare of Pennsylvania, Inc.	PA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95635	36-3359925	1591167	0000701221		Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource. Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95518	62-1230908	1591167	0000701221		Cigna HealthCare of Utah, Inc.	UT	IA	Healthsource. Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	96229	58-1641057	1591167	0000701221		Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource. Inc.	Ownership	_100.000	Cigna Corporation	
	Cigna Group	95383	74-2767437	1591167	0000701221		Cigna HealthCare of Texas, Inc.	TX	I A	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	95525	35-1679172 .	1591167	. 0000701221		Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95606	. 62-1218053 .	1591167	. 0000701221		Cigna HealthCare of Tennesee, Inc	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95132	. 56-1479515 .	1591167	. 0000701221		Cigna HealthCare of North Carolina, Inc	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95708	. 06-1185590 .	1591167	. 0000701221		Cigna HealthCare of South Carolina, Inc	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	-	. 00-0000000 . . 86-3581583 .	. 1591167 1591167	0000701221 0000701221		Temple Insurance Company Limited	BMU AZ	IA NIA	Healthsource, Inc.	Ownership Ownership	100.000	Cigna Corporation	
	Cigna Group	-	. 02-0467679 . 02-0467679	1591167	0000701221		Arizona Health Plan, Inc.	AZ NH	NIA NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	-	. 02-0467679 .	1591167	0000701221		Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	
	Cigna Group	-	. 02-0515554 .	1591167	0000701221		Choicelinx Corporation	DE	NIA	Cigna Health Corporation	Ownership		Cigna Corporation	
	Cigna Group		35-1641636	1591167	0000701221		Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership.	100.000	Cigna Corporation	
	Cigna Group		84-0985843	1591167	0000701221		Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group	95388	93-1174749	1591167	. 0000701221		Great-West Healthcare of Illinois, Inc	IL	IA	Cigna Healthcare Holdings, Inc	Ownership.	100.000	Cigna Corporation	
	Cigna Group		. 02-0495422 .	1591167	0000701221		Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc	Ownership	100.000	Cigna Corporation	
	Cigna Group	-	AA-1560515 .	1591167	. 0000701221		Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	64548	13-2556568	3281743	0000701221		Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	

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						Name of Securities			Relation-		Board.	Owner-	
						Exchange		Domi-	ship		Management,	ship	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s) *
	·						Connecticut General Life Insurance Company						
0901	Cigna Group	62308	06-0303370 .	1591167	0000701221			CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation
										Connecticut General Life Insurance			
	Cigna Group		. 06-0303370 .	1591167	0000701221		CG Gillette Ridge, LLC	DE	NIA	Company	Ownership		Cigna Corporation
0901	Cigna Group		74-3091940 .	1591167	0000701221		Gillette Ridge Apartments, LLC	MD	NIA	CG Gillette Ridge LLC	Ownership	65.000	Cigna Corporation
0901	Cigna Group		06-0303370 .	1591167	0000701221		CG Merrick. LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100,000	Cigna Corporation
0901	Cigna Group		. 00-0303370 .	1091107	0000/01221		od Merrick, LLC	∪⊏	NIA	Cigna Affiliates Realty Investment	Owner Sn I p		Cigna Corporation
0901	Cigna Group		00-0000000	1591167	0000701221		Civic Holding, LLC	DE	NIA	Group, LLC	Ownership	85.000	Cigna Corporation
10001	orgina droup		. 00 0000000	1001107	0000701221		orvic horarig, EEO			Connecticut General Life Insurance	Owner Sirrp		Orgila corporation
0901	Cigna Group		45-3481107 .	1591167	0000701221		CG Mystic Center LLC	DE	NIA	Company	Ownership	100 000	Cigna Corporation
	Cigna Group			1591167	0000701221		Station Landing, LLC	DE	NIA	. CG Mystic Center LLC	Ownership.	85.000	Cigna Corporation
	3						,			Connecticut General Life Insurance	•		
0901	Cigna Group		45-3481241 .	1591167	0000701221		CG Mystic Land LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
													Cigna Corporation and ND Mystic
0901	Cigna Group		. 00-0000000	1591167	0000701221		ND/CG HOLDING, LLC	MA	NIA	_ CG Mystic Land LLC	Ownership	50.000	Center Holding LLC (non-affiliate)
										Connecticut General Life Insurance			
	Cigna Group			1591167	0000701221		CG Skyline, LLC	DE	NI A	Company	Ownership	100.000	Cigna Corporation
	Cigna Group			1591167	0000701221		Skyline ND/CG LLC	MA	NIA	. CG Skyline LLC	Ownership	85.000	Cigna Corporation
	Cigna Group		. 00-000000	1591167	0000701221 0000701221		ND Mystic Center Note LLC	DE	NIA	Skyline ND/CG LLC	Ownership	100.000	Cigna Corporation
	Cigna Group		. 00-0000000	1591167 1591167	0000701221		Skyline Mezzanine Borrower LLC Skyline at Station Landing LLC	MA MA	NIA NIA	Skyline ND/CG LLC	Ownership	100.000	Cigna Corporation
0901	. Cigna Group		. 00-000000	1091167	0000701221		Skyline at Station Landing LLC	MA	NIA	Connecticut General Life Insurance	Owner Sn I P		Cigna Corporation
0901	Cigna Group		26-0180898	1591167	0000701221		CareAllies, LLC	DE	NIA	Company	Ownership	100 000	Cigna Corporation
	Cigna Group		00-0000000	1591167	0000701221		Carson Bayport I LP	DE	NIA	CG-LINA Bayport I LLC	Ownership		Cigna Corporation
	- 0.g.m a. oup						ou. oo bu,po. t			Connecticut General Life Insurance			
0901	Cigna Group		00-0000000	1591167	0000701221		CG Bayport LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
0901	Cigna Group		. 00-0000000	1591167	0000701221		Bayport Colony Apartments LLC	FL	NIA	CG Bayport LLC	Ownership	99.900	Cigna Corporation
										Connecticut General Life Insurance			
0901	Cigna Group		. 00-0000000	1591167	0000701221		CG-LINA Bayport I LLC	DE	NIA	Company	Ownership	75.000	Cigna Corporation
										Cigna Affiliates Realty Investment			
	Cigna Group		. 00-000000	1591167	0000701221		UNICO/CG Commonwealth LLC	DE	NIA	Group, LLC	Ownership	80.000	Cigna Corporation
0901	Cigna Group		. 00-0000000	1591167	0000701221		Commonwealth Acquistion LLC	DE	NIA	Unico / CG Commonwealth LLC	Ownership	100.000	Cigna Corporation
0001	Cigna Group		00-0000000	1591167	0000701221		UNICO-CG Lovejoy LLC	0R	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	00 000	Cigna Corporation
1 0801	Cigna Group		. 00-000000	1091107	0000/01221		UNICO-CG Lovejoy LLC	UH	NIA	Connecticut General Life Insurance	Owner Sn I p		Cigna Corporation
0901	Cigna Group		32-0222252	1591167	0000701221		Cigna Onsite Health. LLC	DE	NIA	Company	Ownership	100 000	Cigna Corporation
	Organia di dup			1001101			orgina offorto floattif, LLO			Cigna Affilates Realty Investment Group,	0or 3111 <i>p</i>		Charles River Realty Longwood, LLC
0901	Cigna Group		00-0000000	1591167	0000701221		CR Longwood Investors L.P.	DE	NIA	LLC	Ownership	27.030	(non-affiliate)
	Cigna Group		00-0000000	1591167	0000701221		ND/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation
											·		ARE-MA Region No. 41, LLC (non-
0901	Cigna Group		00-0000000	1591167	0000701221		ARE/ND/CR Longwood LLC	DE	NIA	ND / CR Longwood LLC	Ownership	35.000	affiliate)
										Connecticut General Life Insurance			
0901	Cigna Group		. 00-0000000	1591167	0000701221		Gillette Ridge Community Council, Inc	CT	NI A	Company	Ownership	100.000	Cigna Corporation
										Connecticut General Life Insurance			
0901	Cigna Group		20-3700105 .	1591167	0000701221		Gillette Ridge Golf, LLC	DE	NIA	Company	Ownership	. 100.000	Cigna Corporation
0004	0:		E0 0440E40	1501107	0000704004		Usered Onetre Leaveteret One as U.S.	DE	NIIA	Connecticut General Life Insurance	0h:	100 000	0:
0901	Cigna Group		52-2149519 .	159116/	0000701221		Hazard Center Investment Company LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation
	i .	1	00-0000000		0000701221		Secon Properties, LP	CA	NIA	Cigna Affilates Realty Investment Group,	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM												
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										Type	If		
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										(Ownership,	is		
						Name of Securities		Relation-		Board,	Owner-		
						Exchange	Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International) Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
									Connecticut General Life Insurance				
0901	Cigna Group		. 00-0000000	1591167	0000701221	Teal Rock 501 Grant Street GP, LLC	DE	NI A	Company	Ownership	56.273	Cigna Corporation	
				l					Connecticut General Life Insurance	_			
0901	Cigna Group		. 00-0000000	1591167	0000701221	Teal Rock 501 Grant Street, LP	DE	NIA	Company	Ownership	55.710	Cigna Corporation	
0004	2:		00 0074040	4504407	0000704004	TEL DDIO : (D L	PA	ALL A	Connecticut General Life Insurance	0	100,000	0:	
0901	Cigna Group		23-3074013 .	1591167	0000701221	TEL-DRUG of Pennsylvania, L.L.C.	PA	NIA	Company	Ownership	100.000	Cigna CorporationAEW Core Property Trust Holding LP	
0001	Cigna Group		00-0000000	1591167	0000701221	AEW/FDG, LP	DE	NIA	Group, LLC	Ownership	13.640	(non-affiliate)	
1 080 1	Jigiia di oup			1001101	0000701221		UE	NIA	Cigna Affiliates Realty Investment	Omner Sirty	13.040	Charles River Washington Street LLC	
0901	Cigna Group		00-0000000	1591167	0000701221	CR Washington Street Investors LP	DE	NIA	Group, LLC	Ownership	33.820	(non-affiliate)	
1 000	orgina aroup			1001101	3000701221	on magnington otteet investors LF			Cigna Affiliates Realty Investment	0 mior 3 mp		(11011 411111410)	
0901	Cigna Group		00-0000000	1591167	0000701221	ND/CR Unicorn LLC	DE	NIA	Group, LLC	Ownership	70.000	Cigna Corporation	
									Cigna Affiliates Realty Investment				
0901	Cigna Group		00-0000000	1591167	0000701221	Union Wharf Apartments LLC	DE	NIA	Group, LLC	Ownership.	80.000	Cigna Corporation	
	•					'			Cigna Affiliates Realty Investment	·			
0901	Cigna Group		00-0000000	1591167	0000701221	AMD Apartments Limited Partership	DE	NIA	Group, LLC	Ownership	80.000	Cigna Corporation	
									Cigna Affiliates Realty Investment				
0901	Cigna Group		. 00-000000	1591167	0000701221	SP Newport Crossing LLC	DE	NI A	Group, LLC	Ownership	25.000	Cigna Corporation	
									Cigna Affiliates Realty Investment				
0901	Cigna Group		. 00-0000000	1591167	0000701221	PUR Arbors Apartments Venture LLC	DE	NI A	Group, LLC	Ownership	85.000	Cigna Corporation	
				l					Cigna Affiliates Realty Investment				
0901	Cigna Group		. 00-0000000	1591167	0000701221	CG Seventh Street LLC	DE	NIA	Group, LLC	Ownership	87.500	Cigna Corporation	
0004	2:		00 0000000	4504407	0000704004	Ideal December 11 110	CA	ALL A	Cigna Affiliates Realty Investment	0	05.000	0:	
0901	Cigna Group		. 00-0000000	1591167	0000701221	Ideal Properties II LLC	CA	NIA	Group, LLC	Ownership	85.000	Cigna Corporation	
0001	Cigna Group		41-2189110 .	1591167	0000701221	CG-LINA Realty Investors LLC	DE	NIA	Company	Ownership	75 000	Cigna Corporation	
1 080	Jigha dioup		41-2109110 .	1391107	0000701221	CO-LINA Realty Tilvestors LLC	VE	NI A	Cigna Affiliates Realty Investment	Owner Strip	/3.000	Torgia corporation	
0001	Cigna Group		80-0668090	1591167	0000701221	Alessandro Parners, LLC	DE	NIA	Group, LLC	Ownership	94 700	Cigna Corporation	
5501	orgina aroup		. 00 0000000 .	1001107	0000701221	ATOSSAIGIO TATICIS, ELO			Cigna Affiliates Realty Investment	Owner Sirip.		orgina corporation	
0901	Cigna Group		45-2242273	1591167	0000701221	115 Sansome Street Associates, LLC	DE	NIA	Group, LLC	Ownership	90.000	Cigna Corporation	
	9								Cigna Affiliates Realty Investment				
0901	Cigna Group		. 00-0000000	1591167	0000701221	121 Tasman Apartments LLC	DE	NIA	Group, LLC	Ownership	85.000	Cigna Corporation	
						·			Cigna Affiliates Realty Investment	·		- '	
0901	Cigna Group		00-0000000	1591167	0000701221	Alto Apartments LLC	WA	NI A	Group, LLC	Ownership	80.000	Cigna Corporation	
									Cigna Affiliates Realty Investment				
0901	Cigna Group		20-4786821 .	1591167	0000701221	CG-LINA Paper Box LLC	DE	NI A	Group, LLC	Ownership		Cigna Corporation	
			l	l .		Cigna Affiliates Realty Investment Group,	1		Connecticut General Life Insurance				
0901	Cigna Group		27-5402196 .	1591167	0000701221	LLC	DE	NIA	Company	Ownership	100.000	Cigna Corporation	
0004	2:		00 0000000	4504407	0000704004	Delles To a Control Well 110	1/4	ALLA	Cigna Affiliates Realty Investment	O marsh:	F0, 000	0:	
0901	Cigna Group		. 00-0000000	1591167	0000701221	Dulles Town Center Mall, LLC	VA	NIA	Group, LLC	Ownership	50.000	Cigna Corporation	
0901	Cigna Group		27-0268530	1591167	0000701221	CORAC. LLC	DE	NIA	Connecticut General Life Insurance	Ownership	50.000	Cigna Corporation	
	Digna Group		27-0208030 .	1591167	0000701221	Bridgepoint Office Park Associates, LLC	DE	NIA NIA	Corac. LLC	Ownership		Cigna Corporation	
	Digna Group		27-3923999 .	1591167	0000701221	Fairway Center Associates, LLC	DE	NIA	Corac, LLC	Ownership		Cigna Corporation	
	Cigna Group		27-3582688	1591167	0000701221	Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership		Cigna Corporation	
	Jigina Group			1001101	0000101221	inding on the rank Associates, LLO			Connecticut General Life Insurance	00. 0p.		Jorgina corporation	
0901	Cigna Group	67369	59-1031071 .	1591167	0000701221	Cigna Health and Life Insurance Company	CT	NIA	Company	Ownership		Cigna Corporation	l
	Cigna Group		45-2681649	1591167	0000701221	CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership.	100.000	Cigna Corporation	
	Cigna Group		27-3396038	1591167	0000701221	Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership.	100.000	Cigna Corporation	
	Cigna Group		27-1903785	1591167	0000701221	Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership		Cigna Corporation	
0901	Cigna Group		34-1970892 .		<u> </u>	Ceres Sales of Ohio, LLC	OH	NI A	Cigna Health and Life Insurance Company	Ownership	100.000		

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		_		-					-		Type	lf		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID.	Federal	0114	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	
0004	0:	00000	F0 0700400				American Retirement Life Insurance Company	011	1.4	Lead Associated Life Leaves and Owner	0	100 000	0:	
0901	Cigna Group	88366	. 59-2760189 . . 34-0970995 .				Central Reserve Life Insurance Company	0H	IA IA	Loyal American Life Insurance Company Cigna Health and Life Insurance Company .	Ownership	100.000	Cigna Corporation	
	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company .	Ownership	100.000	Cigna Corporation	
0901	Cigna droup	03722	. 03-0343420 .				Provident American Life & Health Insurance	Un	I M	. Cryna Hearth and Life insurance company .	owner strip	100.000	Cigna corporation	
0901	Cigna Group	67903	23-1335885				Company	OH	IA	Central Reserve Life Insurance Company	Ownership	.100.000	Cigna Corporation	
5001	Jorgina droup		20 1000000 .				ounpairy			Provident American Life and Health	Omioi on p		Jorgila corporation	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-1728483	1591167	0000701221		Cigna Health Management, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		20-8064696 .	1591167	0000701221		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	65498	23-1503749 .	1591167	0000701221		Life Insurance Company of North America	PA	A	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
							Cigna & CMB Life Insurance Company Limited							
0901	Cigna Group		. 00-000000	. 1591167	0000701221			CHN	IA	Life Insurance Company of North America .	Ownership	50.000	Cigna Corporation	
0901	_Cigna Group		. 00-000000	. 1591167	0000701221		LINA Life Insurance Company of Korea	K0R	IA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		58-1136865 .	1591167	0000701221		Cigna Direct Marketing Company, Inc	DE	NI A	Life Insurance Company of North America .	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		46-0427127 _	1591167	0000701221		Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Vielife Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	
0901	Cigna Group		. 00-0000000	1591167	0000701221		Vielife Limited	GBR	NI A	Vielife Holdings Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		98-0463704 .	1591167	0000701221		Vielife Services, Inc.	DE	NI A	Vielife Holdings Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 00-0000000 . 06-1332403 .	. 1591167 1591167	0000701221		Businesshealth UK Limited	GBR DE	NIA	Vielife Holdings Limited	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1332403 .	1591167	0000701221		CG Individual Tax Benefits Payments, Inc CG Life Pension Benefits Payments. Inc	DE	NIA NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		62-1724116	1591167	0000701221		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group			1591167	0000701221		Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-2924152	1591167	0000701221		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	_100.000	Cigna Corporation	
0901	Cigna Group		23-2741294	1591167	0000701221		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1071502	1591167	0000701221		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1522976	1591167	0000701221		Blodget & Hazard Limited	_GBR	NIA	Cigna Re Corporation	Ownership.	100.000	Cigna Corporation	
0901	Cigna Group		06-1567902	1591167	0000701221		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership.	100.000	Cigna Corporation	
							Connecticut General Benefit Payments, Inc.				•			
0901	Cigna Group		06-1252419 .	1591167	0000701221			DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1533555 .	1591167	0000701221		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		35-2041388 .	1591167	0000701221		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		06-1252418	1591167	0000701221		LINA Benefit Payments, Inc.	DE	NI A	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 88-0334401 .	1591167	0000701221		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 88-0344624 .	1591167	0000701221		Universal Claims Administration	MT	NI A	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 51-0389196 . . 51-0111677 .	1591167 1591167	0000701221 0000701221		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group			1591167	0000701221		Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
10601	Cigna Group		_ 23-20101/8 .	109110/	0000/01221		Cigna International Services, Inc	∪⊏	NIA	Cigna Global Holdings, Inc.	Owner Strip	100.000	Cigna Corporation	
0901	Cigna Group	1	30-3087621	1591167	0000701221		Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	
0901	Cigna Group			1591167	0000701221		CGO PARTICIPATOS LTDA.	BRA	NIA.	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		YCFM Services LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	
0901	Cigna Group	I	AA-3190987 .	1591167	0000701221		Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		23-3009279	1591167	0000701221		Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 00-000000	1591167	0000701221		Cigna Turkey Consultancy Services, A.S	TUR	IA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		. 00-0000000	1591167	0000701221		Cigna Nederland Alpha Cooperatief U.A	NLD	NIA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	
0901	Cigna Group			1591167	0000701221		Cigna Nederland Beta B.V.	NLD	NIA	Cigna Nederland Alpha Cooperatief U.A	Ownership		Cigna Corporation	
0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Nederland Beta B.V.	Ownership	100.000	Cigna Corporation	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
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											Type	If		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
							Cigna Life Insurance Company of Europe							
	na Group		AA-1240009		. 0000701221		S.AN.V	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	
	na Group		. 00-000000	1591167	. 0000701221		Cigna Europe Insurance Company S.AN.V	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	
	na Group		00-0000000	1591167	. 0000701221		Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	
	na Group		. 00-000000		. 0000701221		CIGNA 2000 UK Pension LTD		NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	
0901 Cign	na Group		. 00-000000	1591167	. 0000701221		Cigna Health Solution India Pvt. Ltd	I ND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.999	Cigna Corporation	
							Cigna International Services Australia Pty							
	na Group		_ 00-0000000		. 0000701221		Ltd	AUS	NIA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	
	na Group		00-0000000		. 0000701221		Cigna Apac Holdings Limited	BMU	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	
0901 Cign	na Group		. 00-000000	1591167	. 0000701221		Cigna Life Insurance New Zealand Limited	NZL	I A	Cigna Chestnut Holdings, Inc. Ltd	Ownership	100.000	Cigna Corporation	
				1		1	Cigna Taiwan Life Assurance Company							
	na Group		. 00-0000000		. 0000701221		Limited	JWN	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	
0901 Cign	na Group		. 00-0000000	1591167	. 0000701221		Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	
							Cigna Data Services (Shanghai) Company			Cigna Hong Kong Holdings Company Limited				
<u>0</u> 901 Cign	na Group		_ 00-0000000	1591167	. 0000701221		Limited	CHN	NIA		Ownership	100.000	Cigna Corporation	
										Cigna Hong Kong Holdings Company Limited				
<u>.0</u> 901 Cign	na Group		00-0000000	1591167	. 0000701221		Cigna HLA Technology Services Limited	HKG	NIA		Ownership	100.000	Cigna Corporation	
							Cigna Worldwide General Insurance Company			Cigna Hong Kong Holdings Company Limited				
0901 Cign	na Group		. 00-000000	1591167	. 0000701221		Limited	HKG	IA		Ownership	100.000	Cigna Corporation	
							Cigna Worldwide Life Insurance Company			Cigna Hong Kong Holdings Company Limited				
	na Group		_ 00-0000000		. 0000701221		Limited	HKG	IA		Ownership	100.000	Cigna Corporation	
	na Group		. 00-000000		. 0000701221		PT GAR Indonesia	J DN	NIA	Cigna Holdings Overseas, Inc	Ownership	99.160	Cigna Corporation	
	na Group		_ 00-0000000		. 0000701221		PT PGU Indonesia	J DN	NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	
<u>0</u> 901 Cign	na Group		_ 00-0000000 .	1591167	. 0000701221		RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings Limited	Ownership	49.000	Cigna Corporation	
							Cigna Brokerage & Marketing (Thailand)							
	na Group		00-0000000		. 0000701221		Limited	THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	
	na Group		. 00-0000000		. 0000701221		KDM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	
	na Group				. 0000701221		Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	
0901 Cign	na Group		. 00-0000000	1591167	. 0000701221		Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	
0004	0		00 0000000	4504407	0000704004		Cigna International Health Services, BVBA	חבו	NILA	Olean Martin Heldings 144	Ownership	00 000	0:	
<u>0</u> 901 Cign	na Group		_ 00-0000000	1591167	. 0000701221		Cigna International Health Services Sdn.	BEL	NIA	Cigna Myrtle Holdings, Ltd	Uwnersnip	99.990	Cigna Corporation	
0001 0:			00-0000000	1501167	0000701221		Rhd	MYS	NIA	Ciana Hana Kana Haldinaa Canana Itd	O	100 000	Ciama Camanatian	
0901 Cign	na Group		_ 00-0000000	1091107	. 0000/01221		DIIU.	M19	NIA	Cigna Hong Kong Holdings Company Ltd Cigna International Health Services. BVBA	Ownership	100.000	Cigna Corporation	
0001 0:	na Group		_ 00-0000000	1501167	0000701221		Cigna International Health Services, LLC	FL	NIA	Cigna international Health Services, BVBA	Ownership	100.000	Cigna Corporation	
	na Group na Group	90859	23-2088429		. 0000701221		Cigna Uniternational Health Services, LLC	FL DE	NIA IA	Cigna Global Reinsurance Company, Ltd	Ownership	100.000	Cigna Corporation	
	na Group		AA-5360003		. 0000701221		PT. Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company, Ltd	Ownership	80.000	Cigna Corporation	
	na Group		. 00-0000000	1591167	. 0000701221		Cigna Oak Holdings, Ltd.	J DN	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	
	na Group		. 00-000000	1591167	. 0000701221		Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	.100.000	Cigna Corporation	
	na Group		. 00-0000000	1591167	. 0000701221		FirstAssist Administration Limited	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership.	100.000	Cigna Corporation	
	na Group		00-0000000		. 0000701221		FirstAssist Legal Protection Limited	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	
	na Group		00-0000000		. 0000701221		Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	
	ia di dup		_ 00-0000000	1001107	. 0000/01221		orgina mountaince services (Europe) Limited	וחטע	NIA	Cigna Affiliates Reality Investment	Owner Sirth	100.000	Orgina ourpuration	
0901 Cian	na Group		00-0000000			1	Market Street Residential Holdings LLC	DE	NIA	Group LLC	Ownership	85.000	Cigna Corporation	
	na Group		00-000000		-		Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	
ייי ו טפע Uign	ια υι υυ μ		_ 00-0000000		-		nibolpoliit at market Street LLO	VĽ	IN I M	Cigna Affiliates Reality Investment	Owner SITIP		οιγια ουιροιατιοί	
	na Group		00-0000000			1	Market Street Retail Holdings LLC	DE	NIA	Group LLC	Ownership.	60.890	Cigna Corporation	
0901 Cign			00-000000				Market Street South LLC	DE	NIA	Market Street Retail Holdings LLC	Ownership		Cigna Corporation	
טפע ו טפע	ia ui uup		_ 00-0000000		-		mainer offeet outfil LLC	UĽ	IN I M	Cigna Affiliates Reality Investment	Owner Strip	100.000	οιθια οσιροιατίου	
0901Cign	a Group		00-0000000			1	Diamondview Tower CM-CG LLC	DE	NIA	Group LLC	Ownership	90.000	Cigna Corporation	
uovi vign	ια υι υυ ρ		_ UUUUUUUUU .		-		DIAMONUVIEW IUWEL OW TO LLO	VĽ		UI VUP LLV	Amilia 9111h	JU.UUU	Ι οιθια οσιμοιατισιί	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

					PAF	1 I <i>F</i>	A - DE I AIL	. OF INSURANCE		<i>J</i> LDI	ING COMPAINT 3	I S I E IVI		
Name of Southern	1	2	3	4	5	6	7	8	9	10	11	Type of Control	If Control	14 15
Part							Name of Conurition			Dolotion				
Number Code Cross Code									Domi					
Court Cour			NAIC					Names of						
Cook Group Name Cook Number RSDD Clk International Dr. Affiliates Sto Entity (Name of Entity) Property (Name of Entity) Core Sto Co	Group			ID	Federal						Directly Controlled by			Ultimate Controlling
Description		Group Name				CIK								
Mathematical Plane Mathema		•					, i					,	Ĭ	
2001 1999 force 2-000000 Perference 15 15 15 15 15 15 15 1	0901	Cigna Group		. 00-0000000				Mallory Square Partners I, LLC	DE	NIA	Group LLC	Ownership	80.000	Cigna Corporation
George G														
1,000 1														
Dept Copy														
Second S	0901	Cigna Group		_ 00-0000000				Cignalik Health Insurance Company Limited	JND	NIA		_ Uwnership	26.000	. IIK (non-affiliate)
Perform Square 2" LLC Figure 10	0001	Ciana Group		00_000000				Nawtown Partners II IP	MD	NIA		Ownership	71 000	Ciana Corporation
Dept Cigns Group Cigns G	0801	Cryna droup		. 00-000000				Newtown raithers II, Lr	ND			Owner Strip	/ 1.000	
	0901	Cigna Group		00-0000000				Newtown Square GP LLC	DF	NIA		Ownership	50,000	orgina corporation and newtown square
Cigna Straig														Cigna Corporation
1991 Olym Group 20-2000000 Clym Francis Service		1 . 3		1										1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Debt Cirys Group C-0000000 Cirys Arrange Syria Syr	0901	Cigna Group						AFA Apartments Limited Partnership		NIA		Ownership	85.000	Cigna Corporation
Cigna Group														
Gigna Group														
Open Group	0901	Cigna Group		. 00-0000000				Cigna Korea Foundation	K0R	NIA	LINA Life Insurance Company of Korea	Ownership		
									B. IB				·	
Cigna Group														affiliate)
Cigna Group 00-000000 0 0 0 0 0 0 0														Cigna Corporation
Cigna Group														
Cigna Group														
Cigna Propta Cign														
1991														
		1 . 3		1									.	1 . 9
	0901	Cigna Group		. 00-0000000				SB-SNH LLC	DE	NIA	Group LLC	Ownership	85.000	Cigna Corporation
Gigna Group	0901	Cigna Group								NIA		Ownership	85.000	Cigna Corporation
Description	0901	Cigna Group		. 00-0000000				685 New Hampshire LLC	CA	NIA				Cigna Corporation
Cigna Group														
Cigna Group	0901	Cigna Group		_ 00-0000000				CGGL 18301 LLC	DE	NIA			90.000	Cigna Corporation
Cigna Group				00 000000				N	DE.				05.000	0. 0 1.
Cigna Group		Cigna Group		. 00-0000000				Notch 8 Residential, L.L.C.	DE	NIA			85.000	Gigna Corporation
Cigna Group 00-0000000 UVL, LLC DE NIA LLC Cigna Affiliates Realty Investment Group LLC Cigna Affiliates Realty Investment Group LLC DE NIA LLC Cigna Affiliates Realty Investment Group LLC DE NIA Cigna Affiliates Realty Investment Group LLC Connecticut General Life Insurance Cigna Group 00-0000000 Cigna Corporation Cigna Group 00-0000000 Cigna Group Description Description Cigna Group Description De		Ciana Group		00_000000				Agua Manca Partnero IIC	DE	NIA	cigna Affiliates Realty Investment Group		100,000	Ciana Corporation
Cigna Group 00-0000000 UVL, LLCDENIA LLC		Cryna droup		. 00-000000				Agua mansa rai thers, LLC		NI /\	Ciana Affiliates Realty Investment Group		100.000	Cigna Corporation
Cigna Group 00-0000000 3601 North Fairfax Drive Associates, LLC DE NIA LLC Ownership .90.000 Cigna Corporation .90.000 Cigna Group De NIA Compactive Group LLC Ownership .90.000 Cigna Corporation .90.000 Cigna Corporation .90.000 Cigna Group .90.000 Cigna Group .90.000 De Cigna Group .90.000 De Cigna Group .90.00000 .90.000000 De Cigna Group .90.00000 De Cigna Group .90.000 De Cigna Group .90.0000 De Cigna Group .90.000 De Cigna Group .90.0000 De Cigna Group .9		Cigna Group		00-0000000				UVI IIC	DF	NIA	II C		72 000	Cigna Corporation
Cigna Group 00-0000000 00-00-000000 00-00-000000 00-00-		0.ga 0.0ap									Cigna Affilates Realty Investment Group		, 2.000	
Cigna Group 00-0000000 00-0000000 00-0000000 00-000000		Cigna Group		. 00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA		Ownership	90.000	Cigna Corporation
Cigna Group 00-0000000 00-0000000 0 Cigna Sequisitions LLC DE NIA Company 0wnership 100.000 Cigna Corporation 00-0000000 0 Cigna Group 00-0000000 0 Cigna Group 100-0000000 0 Cigna Group 100-000000 0 Cigna Group 100-000000 0 Cigna Group 100-000000 0 Cigna Group 100-0000000 0 Cigna Group 100-000000 0 Cigna Group 100-00000 0 Cigna Group 100-0000 0 Cigna Group 100-00000 0 Cig											Cigna Affiliates Realty Investment Group			
Cigna Group 00-0000000 00-0000000 00-0000000 00-000000		Cigna Group		. 00-0000000				222 Main Street CARING GP LLC	DE	NIA		Ownership	100.000	Cigna Corporation
0901 Cigna Group 00-0000000 222 Main Street Investors LP DE NIA LLC 0wnership. 90.000 Cigna Corporation 00-0000000 Cigna Group 100-0000000 Cigna Group I00-0000000 Cigna Group I00-000000 Cigna Group I00-0000000 Cigna Group I00-0000000 Cigna Group I00-0000000 Cigna Group I00-000000 Cigna Group I00-00000 Cigna Group Cigna Group I00-00000 Cigna Group I00-00000 Cigna Group I00-00000 Cigna Group I00-00000 Cigna Group Cigna Group I00-00000 Cigna Group Cigna Group I00-0000 Cigna Group Cigna Group I00-0000 Cigna Group Cigna														Cigna Corporation
	0901	.Cigna Group		. 00-000000				Cigna Sequoia Holdings SPRL	BEL	NIA			100.000	Cigna Corporation
Cigna Group	0901	Cigna Group		00-0000000				222 Main Street Investors IP	DF	NIA			90,000	Cigna Corporation
	0901			00-0000000										
				00-0000000					DE					
0901Cigna Group00-000000				. 00-0000000				Cigna Palmetto Holdings, Ltd	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership		

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Type	If		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board.	Owner-		
						Exchange		Domi-			Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary			Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-		Directly Controlled by	Influence.	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)		Entity(ies)/Person(s)	*
		Code	Number	หออบ	CIK	international)				, ,	,	tage	, , , , ,	
	Cigna Group						QualCare Alliance Networks, Inc.	NJ	NIA		Ownership		Cigna Corporation	
0901	Cigna Group						QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc	Ownership	100.000	Cigna Corporation	
0901	Cigna Group						Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc	Ownership	100.000	Cigna Corporation	
							QualCare Captive Insurance Company Inc.,							
0901	Cigna Group						PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership.	100.000	Cigna Corporation	
	3						QualCare Marketing Resources Limited			, , , , , , , , , , , , , , , , , , , ,]	
	Cigna Group						Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group						Health-Lynx, LLC				Ownership		Cigna Corporation	
							Cigna International health Services Kenya			Cigna International Health Services, BVBA			1	
0901	Cigna Group						Limited	KEN	NIA		Ownership	100 000	Cigna Corporation	
	orgina droup									Cigna Affiliates Realty Investment	011101 0111p		Jorgila Gorporation	
	Cigna Group						Transwestern Federal Holdings, L.L.C.	DE	NIA		Ownership	100 000	Cigna Corporation	
	Ciana Craun						Transwestern Federal , L.L.C.	DE	NIA		Ownership		Cigna Corporation	
	Ciglia di bup						III aliswestelli reuelai , L.L.U.	UE	NIA	. IT answestern reueral horumys, L.L.U	Owner Strip	100.000	Torgia ourporation	
								1	1					

Asterisk	Explanation	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES
	Explanation:	
	Bar Code:	

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted a rryin val e		
7.	Deduct current year's other than temporary impail nent religized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans	T .	1 -
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	-	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in a rest wint and commitment less	-	
9.	Total foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange change in book value/recorded in the herboxical foreign exchange in the herboxical forei		
10.	Deduct current year's other than temporary impail nent recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
	-	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	Borius and Stocks		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	273,829,942	329,895,723
2.	Cost of bonds and stocks acquired	4,088,696	65,856,051
3.	Accrual of discount	44,223	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(52,799)	1,385,389
6.	Deduct consideration for bonds and stocks disposed of	11, 129, 011	117,261,765
7.	Deduct amortization of premium	1,361,947	6, 126, 873
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	265,419,104	273,829,942
11.	Deduct total nonadmitted amounts		
12	Statement value at end of current period (Line 10 minus Line 11)	265 419 104	273 829 942

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Burng ti	1	r all Bonds and Preis	3	4	5	6	7	8
	Book/Adjusted	A	D: '''	N T P A P 1	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value Beginning	Acquisitions During	Dispositions During	Non-Trading Activity During	Carrying Value End of	Carrying Value End of	Carrying Value End of	Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	122,635,409	209,480,595	235,663,871	989,435	97,441,568	0	0	122,635,409
2. NAIC 2 (a)	168,050,248	987,390	1,912,276	(5,849,535)	161,275,827	0	0	168,050,248
3. NAIC 3 (a)	3,655,060	0	495,238	3,542,885	6,702,707	0	0	3,655,060
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)	0				0			
6. NAIC 6 (a)	0				0			
7. Total Bonds	294,340,717	210,467,985	238,071,385	(1,317,215)	265,420,102	0	0	294,340,717
PREFERRED STOCK								
FREI ERRED STOOK								
0. NAIO 4	0				0			
8. NAIC 1	0				0			
9. NAIC 2								
10. NAIC 3	0	<u> </u>			0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0				0			
14. Total Preferred Stock	. 0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	294,340,717	210,467,985	238,071,385	(1,317,215)	265,420,102	0	0	294,340,717

a) Book/Adjusted Carrying Value column for the end of the currer	nt reporting period includes the following amount of non-re-	ated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$
.,,, 9			, - +	, +

NAIC 4 \$; NAIC 5 \$......; NAIC 6 \$......

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	998	XXX	998	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	Short-renn investments	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	998	51,343,672
2.	Cost of short-term investments acquired	16, 185, 564	435,893,382
3.	Accrual of discount	50	10,415
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	77	(2,922)
6.	Deduct consideration received on disposals	16,185,691	487,243,549
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	998	998
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	998	998

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards $N\ O\ N\ E$

Schedule DB - Part B - Verification - Futures Contracts $N\ O\ N\ E$

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open $N\ O\ N\ E$

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	(Oddi Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	20,509,777	32,996,219
2.	Cost of cash equivalents acquired	190 , 193 , 725	1,229,354,208
3.	Accrual of discount	460	11,822
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(729)	1,424
6.	Deduct consideration received on disposals	210,703,233	1,241,853,896
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	20,509,777
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	20,509,777

Schedule A - Part 2 - Real Estate Acquired and Additions Made NONE

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made ${\sf NONE}$

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid $N\ O\ N\ E$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

			0110117111	Long-Term Bonds and Stock Acquired Buring the Gurrent Quarter					
1	2	3	4	5	6	7	8	9	10 NAIC Desig-
CUSIP			Date		Number of Shares of			Paid for Accrued Interest and	nation or Market Indicator
	Di-ti	F		Name of Mandan		A - + 1 O +	D \/-l		
Identification	Description Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	(a)
	US TREASURY N/B 1.500% 11/30/19		01/26/2015	HSBC SECURITIES		1,009,058	1,001,000	2,393	
	otal - Bonds - U.S. Governments					1,009,058	1,001,000	2,393	
	NEW YORK ST DORM AUTH ST PERSO 5.000% 02/15/17		01/09/2015	Tax Free Exchange		5,302	5,000	100	
	NEW YORK ST DORM AUTH ST PERSO 5.000% 02/15/16		01/09/2015	Tax Free Exchange		257 , 113	250,000 785.000	5,000	
			01/09/2015	lax Free Exchange				15,700	
	otal - Bonds - U.S. Special Revenues					1,094,599	1,040,000	20,800	
	DISCOVERY COMMUNICATIONS 3.450% 03/15/25		03/11/2015	CITIGROUP GLOBAL MARKETS			1,000,000 1,000,000	1,342	2FE
	ZIMMER HOLDINGS INC 3.550% 04/01/25		03/ 10/2015	CS FIRST BOSTON			,	U	11 14
	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,985,040	2,000,000	1,342	
	- Bonds - Part 3					4,088,697	4,041,000	24,535	XXX
8399998. Total	- Bonds - Part 5					XXX	XXX	XXX	XXX
8399999. Total	- Bonds					4,088,697	4,041,000	24,535	XXX
8999997. Total	- Preferred Stocks - Part 3					0	XXX	0	XXX
8999998. Total	- Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999. Total	- Preferred Stocks					0	XXX	0	XXX
9799997. Total	- Common Stocks - Part 3					0	XXX	0	XXX
9799998. Total	- Common Stocks - Part 5					XXX	XXX	XXX	XXX
9799999. Total	- Common Stocks					0	XXX	0	XXX
9899999. Total	- Preferred and Common Stocks				•	0	XXX	0	XXX
9999999 - Tota	ls					4,088,697	XXX	24,535	XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

					Show All Lo	ng-Term Bo	onds and Sto	ck Sold, Red	deemed or (Otherwise [Disposed of	of During t	he Current	Quarter							
1	2	3	4	5	6	7	8	9	10				Carrying Va		16	17	18	19	20	21	22
		-								11	12	13	14	15					-		
													Total	Total							NAIC
												Current	Change in	Foreign							Desig-
												Year's	Book/	Exchange	Book/				Bond		nation
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Interest/	Stated	or
									Book/	Unrealized	Year's	Temporary		Book	Carrying	Exchange	Realized		Stock	Con-	Market
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	, ,	/Adjusted	Value at	Gain	Gain	Total Gain	Dividends	tractual	In-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/			(11 + 12 -		Disposal	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	dicator
	Description						Dor Volue				tization)/	Recog-	`	Carrying	•		, ,			Date	
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal	Disposal	Disposal	DuringYear		(a)
36295Q-LB-4	GN POOL 677222 5.500% 08/15/38GNR SERIES 2006-17 CLASS KN 5.750% 04/20/36		.03/01/2015	Paydown		254	254	263	263	0	(9)	0	(9)	0	254	0	0	0		08/15/2038	. 1
38374M-X5-3	GINN SENTES 2000-17 CLASS NN 5.750% 04/20/30		.03/01/2015	Paydown		5, 158	5, 158	5,489	5,459	0	(301)	0	(301)	0	5, 158	0	0	٥	49	04/20/2036	1
000/ Hill AG 0	GNR SERIES 2010-75 CLASS NA 4.500% 02/20/35		.90/01/2013	ayuumi							(001)		(001)		, 150						'
38377G-MX-4			.03/01/2015	Paydown		34,293	34,293	36,147	34,722	0	(429)	0	(429)	0	34,293	0	0	0	260	02/20/2035	1
	US TREASURY N/B 0.250% 01/31/15		.01/31/2015			1,001,000	1,001,000	1,000,964	1,000,998	0	2	0	2	0	1,001,000	0	0	0	1,251	01/31/2015	. 1
0599999. S	Subtotal - Bonds - U.S. Governments					1.040.705	1.040.705	1.042.863	1.041.442	0	(737)	0	(737)	0	1.040.705	0	0	0	1.561	XXX	XXX
93974B-CM-2	WASHINGTON ST 5.000% 01/01/17		.01/01/2015	Call 100.0000		500,000	500,000	557,395	500,000	0	0	0	0	0	500,000	0	0	0	12,500	01/01/2017	. 1FE
1799999. S	Subtotal - Bonds - U.S. States, Territor	ries and	d Possessi	ons		500.000	500.000	557.395	500.000	0	0	0	0	0	500,000	0	0	0	12,500	XXX	XXX
	PRIOR LAKE MINN INDPT SCH DIST DG BDS					,	,	, , , , , , , , , , , , , , , , , , , ,	,						,				, .		1
742633-PA-2	2005B 5.000% 02/01/17		.02/01/2015	Call 100.0000		250,000	250,000	278,818	250,526	0	(526)	0	(526)	0	250,000	0	0	0	6,250	02/01/2017	. 1FE
2499999. S	Subtotal - Bonds - U.S. Political Subdiv	visions	of States,	Territories and Pos	ssessions	250,000	250,000	278,818	250,526	0	(526)	0	(526)	0	250,000	0	0	0	6,250	XXX	XXX
	FG POOL G30372 5.000% 09/01/27		.03/01/2015	Paydown		4,893	4,893	5, 173	5, 153	0	(260)	0	(260)	0	4,893	0	0	0	38	09/01/2027	1
	FG POOL G04583 6.000% 08/01/38		.03/01/2015	Paydown		4,488	4,488	4,817	4,805	0	(317)	0	(317)	0	4,488	0	0	0	42	08/01/2038	. 1
	FG POOL G12818 6.000% 10/01/22		_03/01/2015	Paydown		588	588	595	593	0	(6)		(6)	0	588	0	0	0	7	10/01/2022	. 1
	FG POOL G12800 5.000% 12/01/21		.03/01/2015	Paydown		822	822	805	809	0	12	0	12	0	822	0	0	0	7	12/01/2021	. 1
3128MM-GP-2	FREDDIE MAC POOL G18205 6.000% 09/01/22		.03/01/2015	Paydown		475	475	481	479	0	(4)	0	(4)	0	475	0	0	0	5	09/01/2022	. 1
	FG POOL C90844 4.500% 08/01/24		.03/01/2015	Paydown		9,507 3.592	9,507 3,592	9,861 3,874	9,803	0	(295)		(295)	0	9,507	0	0	0	64	08/01/2024	.]
	FN POOL 257125 5.500% 03/01/28FHR SERIES 3707 CLASS CA 5.000% 07/15/40		.03/01/2015 .03/01/2015	Paydown		, 592 2. 198		2,364	3,848 2,308		(256)		(256)		3,592 2,198		0		17	03/01/2028 07/15/2040	1
3 13/ K I-DM-2	FSPC SERIES T-59 CLASS 1A1 6.500% 07/13/40		01/2013	Paydown		2, 190	2, 190	2,304	2,300		(110)		(110)							10/ 2040	
31394P-PQ-0	1010 GENTEO 1 00 GENGO INT 0.000% 10/20/40		.03/01/2015	Paydown		597	597	607	604	0	(7)	0	(7)	0	597	0	0	0	7	10/25/2043	1
	FHR SERIES 2777 CLASS PE 5.000% 04/15/33		.03/01/2015	Paydown		8,099	8,099	8,507	8,148	0	(50)	0	(50)	0	8,099	0	0	0	66	_04/15/2033	1
31395W-NJ-2	FHR SERIES 3002 CLASS YD 4.500% 07/15/25		.03/01/2015	Paydown		5,071	5,071	5,302	5,260	0	(189)	0	(189)	0	5,071	0	0	0	37	07/15/2025	. 1
31397B-6R-7	FHR SERIES 3211 CLASS MH 5.000% 09/15/26		.03/01/2015	Paydown		10,854	10,854	11,590	11,487	0	(634)	0	(634)	0	10 , 854	0	0	0	88	09/15/2026	. 1
	FNR SERIES 2010-32 CLASS PL 5.000% 07/25/39									_		_		_		_	_	_			
31398M-4P-8	FND 0FD1F0 0040 00 01 400 4D 0 0000 40 /05 /40		.03/01/2015	Paydown		8,946	8,946	9,440	9,059	0	(113)	0	(113)	0	8,946	0	0	0	72	07/25/2039	. 1
31398M-ZJ-8	FNR SERIES 2010-23 CLASS AB 2.000% 12/25/18		.03/01/2015	Paydown		6,514	6,514	6,491	6,498	0	16		16	0	6,514		0	۰	22	12/25/2018	4
1090M-ZJ-0	FNR SERIES 2010-23 CLASS HA 2.000% 10/25/18		כו 1/20 / 1/00	rayuowii		0,314	0,314	0,491	0,490		10		10		0,314				22	12/23/2010	
31398M-ZY-5	1141 CENTED 2010 20 CENCO TIN 2.000% 10/20/10		.03/01/2015	Paydown		5,354	5,354	5,315	5,330	0	23	0	23	0	5,354	0	0	0	17	10/25/2018	1
	FNR SERIES 2010-54 CLASS PA 4.500% 04/25/39			.,																	
31398R-UL-7			.03/01/2015	Paydown		13,349	13,349	14,071	13,483	0	(134)	0	(134)	0	13,349	0	0	0	100	04/25/2039	. 1
31398W-LZ-5	FHR SERIES 3636 CLASS EB 2.000% 11/15/18		.03/01/2015	Paydown		7,605	7,605	7,607	7,603	0	2	0	2	0	7 , 605	0	0	0	25	11/15/2018	. 1
31402R-RN-1	FN P00L 735893 5.000% 10/01/35		.03/01/2015	Paydown		7,072	7,072	7,543	7,523	0	(451)	0	(451)	0	7,072	0	0	0	57	10/01/2035	. 1
	FN POOL 850786 5.500% 01/01/21		.03/01/2015	Paydown		377	377	376	376	0	1	0	1	0	377	0	0	0	3	01/01/2021	. 1
	FN POOL 865112 5.500% 01/01/21 FN POOL 947408 6.000% 10/01/22		.03/01/2015 .03/01/2015	Paydown		995 352	995 352	992 357		0	3	0	3		995 352	0	0		9	10/01/2021	. 1
	FN POOL 947406 6.000% 10/01/22FN POOL MA0115 4.500% 07/01/29		.03/01/2015	Paydown		13,060	13,060	13,774	13,710		(651)	n	(3)		13,060	0 n		o	92	07/01/2022	1
	FN POOL MA0482 4.000% 08/01/25		_03/01/2015	Pavdown		3.650	3,650	3,833	3,805	0	(156)	0	(156)	0	3,650	n	0	0	25	08/01/2025	1
	NEW YORK ST DORM AUTH ST PERSO SERIES A			.,			3,000		, 500				.30)	[3,000			[
64990E-SC-2	5.000% 02/15/16		.01/09/2015	Tax Free Exchange		257, 113	250,000	258 , 154	257,254	0	(141)	0	(141)	0	257 , 113	0	0	0	5,000	02/15/2016	. 1FE
	NEW YORK ST DORM AUTH ST PERSO SERIES A																				
	5.000% 02/15/17		_01/09/2015	Tax Free Exchange		837,485	790,000	841,102	837,975	0	(490)	0	(490)	0	837,485	0	0	0	15,800	02/15/2017	. 1FE
3199999. S	<u> Bubtotal - Bonds - U.S. Special Reven</u>	ues				1,213,056	1, 158, 458	1,223,031	1,217,261	0	(4,210)	0	(4,210)	0	1,213,056	0	0	0	21,636	XXX	XXX
	ARMY AND AIR FORCE EXCHANGE SENIOR NOTES			Redemption 100.00	100																
04249@-AD-3	4.950% 10/15/24		.03/15/2015					97,768	97 , 163	٥	(9,516)	0	(9,516)	0		0	0	0	724	10/15/2024	. 1
OCAOCH DN C	BANK OF NEW YORK MELLON SR NT 3.1%15 3.100% 01/15/15		01/15/0015	Maturity		E00 000	F00 000	E40 00F	E00 054	_	(054)	_	(054)	_	500.000	_	_	_	7 750	01/15/0015	100
06406H-BN-8			_01/15/2015	Maturity		500,000	500,000	518,365	500,254	0	(254)	l0	(254)	0	500,000	0	0	0	7,750	01/15/2015	. Irt
084670-AV-0	BERKSHIRE HATHAWAY INC. SR NT 3.20%15 3.200% 02/11/15		.02/11/2015	Maturity		200,000	200,000	199,834	199,987	n	13	0	13	n	200,000	n	n	n	3,200	02/11/2015	1FF
DOTOTO N1=0	COMMONWEALTH BK AUSTR NY CBAAU 1.95 03/16/15		II/LUIJ	mutui ity		200,000	200,000								200,000		0			92/11/2013	
20271R-AA-8	1.950% 03/16/15	l	.03/16/2015	Maturity		775,000	775,000	777 , 457	775, 159	0	(159)	0	(159)	0	775,000	0	0	0	7 , 556	03/16/2015	1FE
	CREDIT SUISSE NEW YORK SR NT 3.5%15 3.500%																				
22546Q-AE-7	03/23/15	ļ	.03/23/2015	Maturity		700,000	700,000	726,782	702,050	٥	(2,050)	0	(2,050)	٥	700,000	0	0	0	12,250	03/23/2015	. 1FE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold. Redeemed or Otherwise Disposed of During the Current Quarter

The composition Compositio						Show All Lo	ng-Term Bo	onds and Sto	ck Sold, Red	leemed or (Otherwise	Disposed o	of During tl	he Current	Quarter							
CLUSTON Prior Pr	1	2	3	4	5	6	7	8	9	10	Cl	nange In Boo	ok/Adiusted	Carrving Va	lue	16	17	18	19	20	21	22
CUSIP COURT Cour						-		_	-	-									-	-		
Design Current Curre															-							NAIC
Cusp													Current									
Custon C																D 1/				Б		
CUSIP CUSIP Cusion Cusion Continue																						
Consideration Description Per Disposal Name Shares of Information Description Descri												Current	Other Than	Adjusted	Change in							
Identification Description Ego Disposal For Disposal Cost One Cost										Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Stock	Con-	Market
Michael Description English Description English Description	CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Dividends	tractual	In-
Continue Description Des	ldent-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	dicator
Separate	ification	Description			of Purchaser	Stock	eration	Par Value	Cost							Date				DuringYear		(a)
2881-18-9 1960 No. 18 19		2 2 2 2 3 1 2 3 2 3 2 3 2 3 2 3 2 3 2 3	J.g.								(200.0000)	7.00.01.01.	200	.0,	14.40					g		()
STATE STAT	29481#-AB-9	ERGON INC. SENIOR NOTES 5.170% 02/10/15		02/10/2015			562.500	562.500	584.296	564.292	0	(1,792)	0	(1.792)	0	562.500	0	0	0	7.270	02/10/2015	2FE
\$200 \$40		FIRST SECURITY BANK OF UTAH 8.036% 09/28/15	5				, ,	,				, , ,		, , ,						,		
## ## ## ## ## ## ## ## ## ## ## ## ##							490,305	490,305	543,784		0	(18,361)	0	(18,361)	0	490,305	0	0	0	19,700	_09/28/2015	1
4625-49-4 6636				03/17/2015	Maturity		500,000	500,000	542,040	501,855	0	(1,855)	0	(1,855)	0	500,000	0	0	0	13,000	03/17/2015	2FE
Septiment Sept																						
\$2534-46-1 \$2500-46-2 \$2500-46-3 \$25				01/20/2015			250,000	250,000	253,968	250,041	0	(41)	0	(41)	0	250,000	0	0	0	4,625	01/20/2015	1FE
S26581-4F-8 S265				00 (00 (00 45	Redemption 100.0000		00 007	00.007	70.400	74 440		(4.404)		(4.404)		20.007				4 040	00/00/0004	
\$8868-H-R-9 \$880 07/25/19 \$8868-H-R-9 \$880 07/25/19 \$8864-H-R-9 \$880 07/25/19 \$8864-H-R-9 \$880 07/25/19 \$8864-H-R-9 \$880 07/25/15 \$8864-H-P-9				03/28/2015						/1,148	0	(4,481)	0	(4,481)	0		0	0		1,940	03/28/2024	3
National Assistant Assistant Review Selles Min 2,000s 0.80/89/2015 Maturity 775,000				02/25/2015	Various		400 E71	400 E71	407 405	479 077		(4E 20C)		(AE 206)		400 E71	0	٥	0	17 OE7	02/25/2010	2
8584-8-4-6 03/09/15 03/09/15 03/09/2015 14turi ty 775,000 775,				90/20/2010	vai 10u5			420,37 1	437,400	470,077		(45,300)		(45,500)		420,371				11 ,551	93/23/2019	3
Reference Proc. Proc. Pr				03/09/2015	Maturity		775 000	775 000	775 054	774 985	0	15	0	15	0	775 000	0	0	0	7 750	03/09/2015	1FF
PROCEPT & GAMBLE CD - ESP SERIES A 9.900 0.1070/21 FE 1.000 1.000 2.5,732 2.5,732 34,087 32,021 0.6(6,289) 0.6(6,289) 0.0 0.2,5732 0.0 0.0 1.204 0.0701/2015 FE 1.0000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.0000											0	(166)	0		0		0	0	0			
SET TRUST SERIES 1999-5 144A 6.180%												(100)								, 100		
R8357V-AE-9 02/15/19 02/15/2015 Redeept ion 100.0000 127,273 138,627 133,761 0 (6,488) 0 (6,488) 0 127,273 0 0 0 0 3,933 02/15/2019 1FE				01/01/2015			25,732	25,732	34,087	32,021	0	(6,289)	0	(6,289)	0	25,732	0	0	0	1,204	_01/01/2021	1FE
\$2566-A-G-4 ABASH VALLEY POWER ASSOC 6, 140% 01/31/28 01/31/2015		SETS TRUST SERIES 1999-5 144A 6.180%			Redemption 100.0000																	
92868*-8-6-8 MBASH VAILEY POILER ASSOC 6, 1405 01/31/28	86357V-AE-9	02/15/19		02/15/2015			127,273	127,273	136,627	133,761	0	(6,488)	0	(6,488)	0	127 , 273	0	0	0	3,933	02/15/2019	1FE
Section Control Cont					Redemption 100.0000																	
251540-U7-6 3.45% 03/30/15 R 03/30/2015 Maturity 500,000 500,000 514,601 501,230 0 (1,230) 0 (1,230) 0 (1,230) 0 500,000 0 0 0 8,625 03/30/2015 IFE 0.5504-AH-0 Model HUDING INTLETD 2.500s 03/15/17 R 01/15/2015 Maturity 796,977 850,000 849,499 849,766 0 10 0 849,776 0 (52,799) 7.851 03/15/2017 2FE 0.5504-AH-0 Model HUDING INTLETD 2.500s 03/15/17 R 01/15/2015 Maturity 796,977 850,000 449,062 475,100 490,062 475,102 0 (132) 0 (132) 0 (132) 0 (475,000 0 0 0 0 0 0 0 0 0				01/31/2015			14,580	14,580	18,162	17,758	0	(3, 178)	0	(3, 178)	0	14,580	0	0	0	224	01/31/2028	1
65504H-P NOBEL HOLDING INTL LTD 2.500s 03/15/17 R 01/23/2015 SunTrust 796,977 850,000 849,499 849,766 0.0 0.				00 (00 (00 45			500 000	500 000	544.004	504.000		/4 000		/4 000)		500 000				0.005	00 (00 (00 45	455
BB A6 STANFORD CT SR NT 3.875% R											0	(1,230)	0		0		0	0	U			
90261X-FY-3 01/15/15 R 01/15/2015 Maturity 475,000 490,062 475,132 0 (132) 0 (132) 0 475,000 0 0 0 9,203 01/15/2015 FE			K	01/23/2015	Sunirust		/90,9//	850,000	849,499	849,700		10	0	10		849,776	0	(52,799)	(52,799)	168, /	13/201/	2FE
961214-BH-5			R	01/15/2015	Maturity		475 000	475 000	490 062	475 132	0	(132)	0	(132)	0	475 000	0	0	0	9 203	01/15/2015	1FF
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) 8,125,252 8,778,275 8,505,505 8,279,880 0 (101,829) 0 8,178,051 0 (52,799) (52,799) 151,318 XXX											0		0		0		0	0	0			
839997. Total - Bonds - Part 4								, , , , , , , , , , , , , , , , , , , ,			0		0		0		0	(52 799)	(52 799)	,		
8399998. Total - Bonds - Part 5			onanoo	ao (Onanii	atouj		, ., .	, , ,	7	, -,	ļ	, , , ,	0	. , , ,	0		0		(, , , , , , ,	. ,.		
839999. Total - Bonds 11, 129,013 11, 127,438 11, 607,612 11, 289,109 0 (107,302) 0 (107,302) 0 (11, 181,812 0 (52,799) 193,265 XXX XXX XXX 8999997. Total - Preferred Stocks - Part 4 0 XXX 8999998. Total - Preferred Stocks - Part 5 XXX XXX XXX XXX XXX XXX XXX XXX XXX X													VVV		VVV		VVV					
899997. Total - Preferred Stocks - Part 4 0 XXX 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											1		^^^		^^^		^^^					
8999998. Total - Preferred Stocks - Part 5							11, 129,013			, , ,			0	. , , ,	0		0	(52,799)		193,265		
899999. Total - Preferred Stocks 0 XXX 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 XXX XXX							0		U				0	Ü	U	Ū	0	0		0		
							XXX		XXX	XXX	1	XXX	XXX		XXX		XXX	XXX		XXX		
							0		0	0	0	0	0	0	0	0	0	0	0	0		
							0	XXX					0		0		0	0		0	XXX	XXX
9799998. Total - Common Stocks - Part 5 XXX XXX XXX XXX XXX XXX XXX XXX XXX	9799998. T	Total - Common Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks 0 XXX 0 0 0 0 0 0 0 0 0 0 0 0 0 XXX XXX	9799999. T	Total - Common Stocks			<u></u>		0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks 0 XXX 0 0 0 0 0 0 0 0 0 0 0 0 0 XXX XXX	9899999. T	otal - Preferred and Common Stocks	3				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
999999 - Totals 11,129,013 XXX 11,607,612 11,289,109 0 (107,302) 0 (107,302) 0 11,181,812 0 (52,789) (52,789) 193,265 XXX XXX							11, 129, 013		11.607.612	11,289,109	0	(107,302)	0	(107,302)	0	11.181.812	0	(52,799)	(52,799)	193,265	XXX	

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues......

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made $N\ O\ N\ E$

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle O}{}$ $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle E}{}$

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

			Ena Bopocitory					
1		2 3 4 5 Book Balance at End of Each Mo						9
						During Current Quarter		4
			Amount of	Amount of	6	7	8	
		D-44	Interest Received					
Depository	Cada	Rate of Interest	. 3	at Current Statement Date	Cinat Manath	O I M II-	Third Month	*
-1					First Month	Second Month		1001
Amegy Bank Houston, TX				450	17,651,084	20,916,037		XXX
Bank of America Various	·			459	/49,940	(1,211,443)		
JP Morgan Chase New York, NY			0			1,966,197		XXX
Regions Bank Nashville, TN					6,747,938	5,500,542	30,866,563	XXX
Wells Fargo Baltimore, MD	·				3,727,841	4,357,692	2,566,753	XXX
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	459	28,888,166	31,529,025	76,735,016	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	459	28,888,166	31,529,025	76,735,016	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
								
								ļ
		 						
	·							
0599999. Total - Cash	XXX	XXX	0	459	28,888,166	31,529,025	76,735,016	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

•	
Show Investments Owned End of Current Quarter	

Show investi		nea Ena oi Curren	t Quarter			-	
1	2	3	4	5	6 Book/Adjusted Carrying Value	7 Amount of Interest	8 Amount Received During Year
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
					7 0		
			ļ				-
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8699999 - Total Cash Equivalents							



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE HealthSpring Life & Health Insurance Company, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

	(INCLUII	ienisurance)			
NAIC Group Code 0901				NAIC Com	pany Code 12902
·	Individual C	overage	Group Co	verage	5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected	2,213,507	XXX		XXX	2,213,507
2. Earned Premiums	866,502	XXX		XXX	XXX
3. Claims Paid	(42,804,560)	XXX		XXX	(42,804,560
4. Claims Incurred	(10,807,651)	XXX		XXX	XXX
Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	xxx		xxx		(
6. Aggregate Policy Reserves - Change	1,333,020	XXX		XXX	XXX
7. Expenses Paid	580,598	XXX		XXX	580,598
8. Expenses Incurred	460,001	XXX		XXX	XXX
9. Underwriting Gain or Loss	9,881,133	XXX	0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	44,437,468

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$120,335,450 due from CMS or \$ due to CMS